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ABSTRACT

This annotated bibliography lists approximately 95 citations on interprofessional, interagency, and family-professional collaboration in delivery of children's mental health services. Section 1, "Interprofessional/Interdisciplinary Collaboration: The Need" examines articles which describe new approaches to providing family-centered service, rationales for interprofessional collaboration, and ways in which interprofessional collaboration is believed to improve services to families. General principles for interprofessional and interagency collaboration are addressed in articles in section 2, "General Principles of Interprofessional Studies," which includes an examination of the components of collaboration and the skills necessary for collaboration. Section 3, "Administrative and Policy Issues Related to Interprofessional Collaboration," includes literature focused on organizational structures and policy supports for interprofessional/interdisciplinary and integrated teams and examines the elements of successful teamwork, including consensus building, shared decision-making, and conflict management. The elements of interprofessional collaboration methods discussed in the literature are presented in section 4, "Methods of Interprofessional Collaboration for Direct Practice." Section 5, "Elements of Training Programs for Interprofessional Collaboration" presents literature on the growing field of interprofessional training with publications on why training for interprofessional collaboration is needed; the attitudes, knowledge and skills for interprofessional collaboration; and approaches to teaching the skills of interprofessional collaboration. Section 6 presents model interprofessional service programs and training programs. (DB)

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COLLABORATION IN INTERPROFESSIONAL PRACTICE AND TRAINING:

AN ANNOTATED BIBLIOGRAPHY

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COLLABORATION IN INTERPROFESSIONAL PRACTICE AND TRAINING: AN ANNOTATED BIBLIOGRAPHY

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INTRODUCTION

Interprofessional, interagency and family-professional collaboration are increasingly being recognized as necessary for effective service delivery in children's mental health. This awareness is stimulated in part by the Child and Adolescent Service System Program (CASSP) which has as its goal the development of family-centered, integrated and comprehensive systems of care for children with serious emotional disorders. Since 1984, the Child and Adolescent Service System Program at the National Institute of Mental Health (now the Substance Abuse and Mental health Services Administration - SAMHSA) has provided grants to states to promote the development of systems of care which are based on CASSP principles. CASSP principles call for individualized, community-based, integrated services which are family-centered and culturally competent, and which facilitate smooth transitions between the child and adult mental health systems.

Understanding of the roles, professional goals and jargon of the other professionals involved in integrated, interagency systems of care are necessary for effective collaborative work. Professionals must also have skills in interprofessional communication and collaboration. There is growing awareness that professionals need to increase their understanding of family perspectives on the services they receive and their skills in promoting family-professional collaboration. Pre-service, professional and continuing education programs are gradually recognizing the need to prepare professionals in children's mental health to work collaboratively. There is a beginning literature identifying the attitudes, knowledge and skills needed for collaborative practice and efforts to provide training to prepare professionals for the challenge of collaboration.

The trend toward interprofessional collaboration, integration and coordination extends throughout family-centered human services, but is still a relatively new phenomenon in children's mental health. The initial development and refinement of concepts of interprofessional collaboration have taken place in other fields of practice, such as gerontology, adult mental health, and special education. Since the literature on interprofessional practice and education in children's mental health is currently limited, this bibliography includes entries from other fields which are relevant and important. We have categorized the writings included in this bibliography to provide organization and to assist the reader in finding relevant material. There are limitations to this categorization since many of the broadly-focused writings easily fit into more than one section. The subject index may be useful for readers who have specific areas of interest.

This bibliography is composed of six sections. The first four sections examine the issues related to interprofessional, interagency and family-professional collaboration: the need for interprofessional collaboration in family-centered practice; principles of collaboration; organizational, administrative and policy issues related to collaboration; and methods of interprofessional collaboration. Several articles on interprofessional collaboration also include attention to the barriers to implementing collaboration, but we have categorized them according to the main focus of the article, and have therefore not provided a separate section specifically focused on barriers. The fifth section examines the literature on training for collaboration, while the final section presents program and training examples.

Section I, *Interprofessional/Interdisciplinary Collaboration: The Need* examines the articles which describe new approaches to providing family-centered service, rationales for interprofessional collaboration and the ways in which interprofessional collaboration is believed to improve services to families. General principles for interprofessional, interagency collaboration are addressed in articles in Section II, *General Principles of Interprofessional Collaboration*, which includes an examination of the components of collaboration and the skills necessary for collaboration. Section III, *Administrative and Policy Issues Related to*

Interprofessional Collaboration includes literature focused on organizational structures and policy supports for interprofessional/interdisciplinary and integrated teams and examines the elements of successful teamwork, including consensus building, shared decision-making and conflict management. The elements of interprofessional collaboration methods discussed in the literature are presented in Section IV, *Methods of Interprofessional Collaboration for Direct Practice*. The publications included in this section address the skills and specific behaviors associated with interprofessional collaboration. Section V, *Elements of Training Programs for Interprofessional Collaboration* presents literature focused on the growing field of interprofessional training. The publications examine why training for interprofessional collaboration is needed, the attitudes, knowledge and skills required for interprofessional collaboration, and approaches to teaching the skills of interprofessional collaboration. Finally, Section VI, Program and Training Examples presents model interprofessional service programs and training programs. This section includes: descriptions of the organizational structures and policy supports for interprofessional and integrated teams and information about the content and training methods of training programs for interprofessional collaboration.

While the authors of this bibliography and the entire staff of the Research and Training Center on Family Support and Children's Mental Health are committed to the use of "people first" language, we did not feel it was appropriate to change the writing style of the original authors of a publication. Therefore we have used the authors' phrasing in the preparation of our abstracts.

Our work on this bibliography has strengthened the conceptual foundation for interprofessional collaboration in children's mental health. In order for professionals to be equipped to deal with complex human problems, education programs must teach the skills of collaboration. Despite the number of entries in this bibliography, the paucity of research about interprofessional collaboration in children's mental health is disappointing. This review is evidence of increasing interest in collaboration, but there is a need for more rigorously designed studies to increase our knowledge of the processes and outcomes of interprofessional collaboration. We need to identify the elements of successful collaborative interprofessional relationships, the skills needed for successful interprofessional collaboration, and the costs and benefits of interprofessional collaboration, including family-professional collaboration. Education for interprofessional practice includes the combination of attitudes, knowledge and skills necessary to prepare professionals to collaborate. Interprofessional educators need to further develop the teaching methods most likely to facilitate the growth of skills in interprofessional collaboration. Interprofessional students need opportunities to practice their skills. Finally, we need to know whether interprofessional education does lead to collaborative practice and what kinds of benefits families gain from interprofessional collaboration.

An increased focus on interprofessional collaboration does not completely meet the requirements for more relevant training to prepare professionals to work in integrated, family-centered services. Attention to interagency collaboration is also necessary, since agency constraints on professionals' functioning may limit their ability to work together. Finally, for services to be truly responsive to family needs, families must be included in collaborative relationships. The scope of the present project did not permit us to address these foci in detail, and the reader is therefore recommended to review two other Research and Training Center annotated bibliographies: *Interagency Collaboration (1987)* and *Collaboration between Professionals and Families of Children with Serious Emotional Disorders (1992)*.

SECTION I

INTERPROFESSIONAL/INTERDISCIPLINARY COLLABORATION: THE NEED

Bailey, D.B., Simeonsson, R.J., Yoder, D.E. & Huntington, G.S. (1990). Preparing professionals to serve infants and toddlers with handicaps and their families: An integrative analysis across eight disciplines. *Exceptional Children, 57*(1), 26-35.

Key Words: children with disabilities, curriculum, interdisciplinary collaboration, University of North Carolina

The authors are researchers from an institute specializing in infant-care personnel preparation at the University of North Carolina at Chapel Hill. They conducted a survey to examine the education that entry level students from various disciplines receive to prepare them to work with young children with disabilities and their families. Faculty from eight disciplines -- nursing, nutrition, occupational therapy, physical therapy, psychology, social work, special education, and speech-language pathology -- developed and conducted a telephone survey of university programs in each discipline. Following the survey a multidisciplinary working conference was held to discuss the survey results and make recommendations for changes.

The survey instrument addressed the following areas: 1) basic program demographics such as availability of graduate or undergraduate programs, average number of graduates per year and number of credit hours required for graduation; 2) the number of hours of classroom instruction that all students receive in 10 content areas (normal infant development, atypical infant development, infant assessment, infant intervention, family assessment, family intervention, case management, interdisciplinary team process, professional values, and professional ethics); 3) available options to specialize in different areas including infancy; 4) opportunities for clinical and practicum experiences; 5) plans to increase an infant focus and barriers to such change; 6) need for training materials and curricula related to infants and their families; and 7) availability of faculty with expertise in infancy.

Separate responses were obtained for graduate and undergraduate programs. The multidisciplinary conference was attended by 100 participants -- 10 professionals from each of the eight disciplines surveyed plus 20 additional participants from the fields of medicine and audiology. The group met for three days to examine the results of the survey and to make recommendations regarding directions of personnel preparation. There were two days of small group discussions to define roles and missions of the disciplines, to prioritize needs, and identify barriers to working together. The third day included discussion of the need for interdisciplinary collaboration.

The first major finding was that there was much variability across disciplines in amount of content related to infants, toddlers and families. Secondly, there was considerable variability within each discipline regarding exposure to this content. Third, where infant-related content was available, the primary focus was on conceptual knowledge rather than clinical skills. A major gap in content was the area of family assessment and intervention. The only fields with substantial content in this area were social work and nursing.

The working conference participants came up with four recommendations: 1) all students should receive information on legislative mandates and existing programs pertaining to infants and toddlers and their families; 2) all students should have some exposure to actual programs and services; 3) instruction and clinical experiences related to families should be expanded, and 4) students should receive expanded instructional and clinical experiences in working with professionals from other disciplines.

Bates-Smith, K. & Tsukuda, R.A. (1984). Problems of an interdisciplinary training team. *Clinical Gerontologist, 2*, 66-68.

Key Words: interprofessional team, barriers, professional issues, role clarification

The authors offer observations on problems associated with interdisciplinary teams based on their experience in hospital-based training in geriatrics. The first difficulty addressed by the authors involves specific professional preparation and the need for a common core of knowledge among professionals to facilitate communication and team unity. A second difficulty is the differing values among disciplines. An example is the degree to which a patient is involved in the decision-making process. Physicians are seen by the authors to be at cross-purposes with nurses, social workers and psychologists. Third is the difficulty of unclear role expectations, professional identity, conflicting purposes and duplication of services. The final difficulty with interdisciplinary team training involves student participation, in particular the lack of continuity and possible confusion it causes patients.

The authors are not detailed in their descriptions, nor is their purpose to offer solutions to the problems they list. They do not include a positive rationale for interdisciplinary training, and give the impression that they doubt the ability for interdisciplinary team training to succeed within the medical model. An assumption is that these difficulties are common to other interdisciplinary team training endeavors.

Cahn, L. & Peterson, R. (1973). Education and mental health: A need for interdisciplinary involvement. *Journal of School Health, 43*(4), 218-220.

Key Words: children with disabilities, special education, child mental health

The authors recognize that needs of children with emotional and learning disabilities can be served best in an interdisciplinary manner and should not be the sole responsibility of professionals in the field of education or of mental health. Children are only partially helped if treatment is restricted to the plan of a single profession. Although the authors presented their ideas in 1973, their concerns remain important. Mental health professionals and educators must work cooperatively in developing and coordinating treatment plans. A focus on family involvement in the collaborative effort is not addressed in the article.

Two case studies illustrate lack of communication between mental health professionals and educators, the result of which is inadequate service for children with disabilities. The authors cite Loyola University's inclusion of children's mental health issues in education curriculum as movement toward greater interdisciplinary cooperation.

Connelly, J.R. (1992). Partnerships among the disciplines and professions. *Social Work Education Reporter, 40*(1), 2-3.

Key Words: gerontology, education, interdisciplinary team

The intent of the author is to encourage educators in the field of gerontology to embrace an interdisciplinary approach to teaching which reflects the interdisciplinary nature implicit in the practice of gerontology. His comments are applicable to all interdisciplinary endeavors. He advocates the building of partnerships across disciplines and professions that exchange concepts, theories, methodologies, curricula and programs. The history of the interdisciplinary team and application of its principles and methods to education, research and service are discussed briefly. The author encourages educators in the field of gerontology to initiate dialogue, work toward cooperative projects and persist in the exchange of ideas with other disciplines. Educators are urged to read broadly and reflect an interdisciplinary approach to problem-solving.

Courtnage, L. & Smith-Davis, J. (1987). Interdisciplinary team training: A national survey of special education teacher training programs. *Exceptional Children, 53*(5), 451-459.

Key Words: special education, interdisciplinary team, training program

The authors define interdisciplinary as ". . . representatives from several disciplines and the parents, working together as a group." This article targets educators and other professionals in the school-based setting. The authors discuss a study of special education teacher training programs to ascertain the extent to which team training occurs. Interdisciplinary team training is defined as teacher training that focuses on the interdisciplinary approach as defined by Torres (1977), which stresses equal participation of parents and professionals in decision-making to address the special needs of children. The survey indicates that almost half of the responding teacher training institutions do not provide interdisciplinary team training. In addition, a gap is indicated between the comprehensive interdisciplinary team operations taught in training programs and the actual practices in schools. The authors challenge teacher training institutions and schools to collaborate in the effort to provide more effective and efficient team operations that fulfill the intent of the legal mandate for interdisciplinary team approaches to serving children with special needs.

Fenichel, E. S. & Eggbeer, L. (1990). *Preparing Practitioners to Work with Infants, Toddlers and Their Families: Issues and Recommendations for the Professions*. Arlington, VA: National Center for Clinical Infant Program.

Key Words: training program, family-centered, family involvement, families as trainers, professional issues, program standards

This is one of four well-presented and informative booklets prepared by the TASK (Training Approaches for Skill and Knowledge) Project of the National Center for Clinical Infant Programs. This volume provides professions with a framework for considering issues of training, competence, interprofessional communication and collaborative action. In the first section the authors discuss (a) issues of professional roles and boundaries in working with infants and families, (b) professional roles and

expertise within an interdisciplinary context, and (c) how both of these concerns impact training programs. Section Two describes the domains of concern for infant/family professionals: the child, the parent, the parent-infant relationship, the child's family and the community. Professional competence is discussed in Section Three. It includes mastery of knowledge, adaptation of knowledge, skills and service approaches to particular circumstances and needs, use of self-knowledge in collaboration with families and colleagues and continuing professional growth. Professional behavior which illustrates competency is discussed using the examples of child care provider, early childhood special educator and neonatologist. Certification and program competence issues are raised. In Section Four the authors list and describe core concepts related to infant and family functioning which form a common framework among professions and families for understanding issues concerning infants and families. Section Five provides a discussion of professional training focusing on four important areas and their use in preservice, in-service and continuing training: (1) common knowledge base and concepts across disciplines; (2) opportunities for direct observation and interaction with infants and families; (3) individualized supervision to allow reflection on all aspects of work; and (4) collegial support. The authors suggest priorities for collaborative action among parents, policy-makers and professionals to improve training programs for infant/family practitioners in Section Six. They also offer descriptions of eleven training programs and a list of resources for further information.

Gerstein, L.H. & Brooks, D.K. (1990). Special Feature. The helping professions' challenge: Credentialing and interdisciplinary collaboration. ***Journal of Counseling and Development, 68*****(5), 475-523.**

Key Words: mental health, credentialing, interprofessional collaboration, competition, licensure

The authors introduce a group of four articles which discuss the credentialing of four professions (counseling, psychology, social work, and marriage and family therapy) and a description of similarities and differences in each of the professions' philosophic and applied traditions. The articles also address how credentialing legislation has influenced interdisciplinary collaboration and provision of mental health services from the point of view of each profession. It is the intent of the authors to "set the stage for future collaborative and cooperative ventures." The first step toward collaborative effort is the mutual understanding and recognition which these articles promote. Each article clarifies training standards and professional roles in the mental health delivery system and defends the focus profession as an essential and equal participant in a team endeavor. Struggles to obtain legal recognition and variation in licensure status among states are described as encouraging professional self-interest and competition, and as causing barriers to interdisciplinary collaboration.

These four articles and a fifth describing a model licensure bill comprise the special feature:

(1) Brooks, D.K. and Gerstein, L.H. (1990). **Counselor credentialing and interprofessional collaboration.** The authors discuss counselor credentialing and the participation of counselors among mental health providers. Status issues among professions and political barriers to licensing legislation are described as well as ways forward.

(2) Cummings, N.A. (1990). **The credentialing of professional psychologists and its implication for the other mental health disciplines**. Psychology is described as the first mental health profession to challenge the dominance of psychiatry and "blaze the trail" for other professions. The article discusses lessons learned in areas of statutory regulation, freedom of choice, control over training programs and national organization, and changes in the health care delivery system. Collaboration is urged to aid the funding of mental health services and the survival of all professions.

(3) Garcia, A. (1990). **An examination of the social work profession's efforts to achieve legal regulation**. This article explores similar themes of the road to licensure and vendorship from the perspective of social work. It includes a thorough exploration of the area of interprofessional competition and collaboration. Several practical suggestions to foster interprofessional collaboration are mentioned.

(4) Everett, C.A. (1990). **The field of marital and family therapy**. Marriage and family therapy is described from a theoretical position and in terms of service provision in order to indicate its unique and essential inclusion among the mental health professions. The need for recognition of marriage and family therapy on equal ground with other professions is emphasized as essential to collaboration efforts.

(5) Bloom, J., Gerstein, L., et. al. (1990). **Model legislation for licensed professional counselors**. The authors present and discuss a complete "Model Licensure Bill" which sets standards covering professional interests and provides definitions and descriptions of practice, procedures and training requirements. Uniformity of licensure among states is encouraged.

Giangreco, M.F., Edelman, S. & Dennis, R. (1991). Common professional practices that interfere with the integrated delivery of related services. *Remedial and Special Education, 12*(2), 16-24.

Key Words: special education, interdisciplinary team, barriers, collaboration

The article focuses on the need for increased collaboration between members of interdisciplinary teams which seek to meet the special needs of children with disabilities and the need for integrated delivery of related services necessary for children to benefit from special education. The authors point out that although teamwork and collaboration are dominant themes in special education literature, current practice often does not reflect the emphases of interdependence of team members, shared goals and consensus decision-making. Giangreco and his colleagues provide data from a study which identifies professional practices that facilitate or interfere with the integrated delivery of related services for children with disabilities. The study indicates that a high proportion of professionals operate in an independent, discipline-oriented manner and make decisions in isolation from team input. The authors suggest that information from the study be used by those who develop training programs, by parents who advocate for improved services for their children and by interdisciplinary teams who wish to evaluate their practice and enhance skills in collaborative teamwork.

Kane, R. (1975). *Interprofessional Teamwork*. Syracuse, NY: Syracuse University Press.

Key Words: interprofessional team, service delivery

This study is a compilation of knowledge from several disciplines about interprofessional teamwork. It assesses how well professions work together and considers some of the problems that facilitate or hamper improved interprofessional communication and cooperation. In its review of the operation of 229 teams this survey provides a quantity of data about the composition and functioning of interprofessional teams in the delivery of social and health services. While the study provides no definitive answers it raises a number of practical questions about the nature of interprofessional practice which have direct implications for education and for practice. The author examines the nature of service delivery aimed at resolution of social, health, and human problems which have proved difficult to resolve. The author discusses the community mental health center as one of the important social inventions of the twentieth century which seeks to maintain persons with mental illness in the community rather than in isolated mental hospitals. The importance of interprofessional teamwork with a high order of productivity is emphasized. The study offers some fresh insights gained from a review of the literature on interprofessional teamwork which will further thinking and analysis around team functioning.

Kingdon, D.G. (1992). Interprofessional collaboration in mental health. *Journal of Interprofessional Care, 6*(2), 141-7.

Key Words: interprofessional collaboration, mental health, interdisciplinary team, British

This British author provides research support for his contention that while interprofessional collaboration is necessary for the delivery of quality mental health services, it has proven difficult to achieve. He offers observations concerning the practice environment of mental health professionals, the distinction between network and team collaboration, the interpersonal difficulties of team practice, the gap between training of professionals and expectations for practice, and changes brought about by the shift from centralized mental health hospitals to community settings. Philosophical and practical differences between professions which hinder collaboration are discussed as well as the issue of leadership on a multidisciplinary team. Training issues are viewed as a critical element to the successful implementation of mental health services based on collaboration between professionals in the community setting. The author's empirically-based insights are useful in a general way, but do not include practical suggestions or program examples.

Tarico, V.S., Low, B.P., Trupin, E. & Forsyth-Stephens, A. (1989). Children's mental health services: A parent perspective. *Community Mental Health Journal, 25*(4), 313-326.

Key Words: child mental health, family involvement, service delivery, CASSP

The authors report on a survey of parents of children (aged 2-18) with emotional disabilities regarding the nature and quality of services received in the context of Child and Adolescent Service System Program (CASSP) standards for mental health service

delivery. These standards are centered on the value of children's services being child-centered and community-based, and specifically: (1) comprehensive, individualized and least restrictive; (2) involving families; (3) integrative; (4) protected by case management and advocacy; (5) focused on early intervention; and (6) non-discriminatory. Results are reported and discussed regarding nine service categories: accessibility, comprehensiveness of care, restrictiveness, ethnic appropriateness, parent involvement, quality of treatment plans, referral system/service coordination, case management, advocacy, and barriers to service. One of the most common themes among respondents was the need for services for the family, as well as the child. Parents appreciated professionals who took time to explain treatment alternatives, as well as those who acted collaboratively by contacting referral sources and coordinating services from multiple agencies.

Parents reported barriers to service including minimization of the child's problems by professionals, lack of validation by professionals of parental views, and unavailability or delay of services. In general, although many services had been received by children, there was considerable variation reported in quality and most fell short of CASSP standards. Parents repeatedly asserted the need for more coherent and integrated services which cross traditional organizational boundaries. The authors emphasize the importance of parental information as a basis for initiating improvements in services to children and families.

SECTION II

GENERAL PRINCIPLES OF INTERPROFESSIONAL COLLABORATION

Billups, J.O. (1987). Interprofessional team process. ***Theory Into Practice, 26*****(2), 146-152.**

Key Words: fragmented services, interprofessional team, collaboration, Ohio State University

An interdisciplinary team approach can offer improved communication, decision-making and cooperative action in an effort to improve human services which have become fragmented as a result of increased specialization among professionals. This article examines basic assumptions of interprofessional team process, concepts of social and interprofessional processes and educational preparation for interprofessional team process.

Billups argues the need for a "democracy of talents" among professionals participating in interprofessional teams. This concept recognizes that service outcomes of a well-functioning interprofessional team effort can be greater in scope and value than the cumulative effects of the efforts of independently-functioning professionals. The author also discusses the need for the interprofessional team to be informed by service recipients and the broader environment. He considers the possibility of including the client system as part of the interdisciplinary team.

The author discusses intellectual and emotional maturity of professionals who successfully engage in team collaboration as a challenging and stimulating extension of professional expertise. He addresses issues of role identity, conflict resolution and negotiation of assessments, goal setting and interventions. Interprofessional courses offered by Ohio State University are offered as an example of an attempt to address the need for human service professionals to be educationally prepared for interprofessional team practice.

Cassell, E.J. (1986). How does interdisciplinary work get done? In Chubin, D.E., Porter, A.L., Rossini, F.A. & Connolly, T. (Eds.). ***Interdisciplinary Analysis and Research*** **(pp. 339-345). Mt. Airy, MD: Lomond Publishing.**

Key Words: interdisciplinary, mutual respect, change

The author is a physician who believes that successful interdisciplinary work is based primarily upon the participants undergoing personal change. In this unique article he explores the factor of respect, which encourages openness to change and is required for interdisciplinary work. The first aspect is respect for the problem and the second is the belief that the problem demands solutions. Together these focus the attention of interdisciplinary participants on the outer need rather than toward self or each other.

The author then examines the more personal necessities which enable individuals to look beyond their own fixed frame of reference. Respect for other participants can be based on intellectual power, breadth of scholarship and personal integrity. Respect for other disciplines can be encouraged by a focus on common goals. The change which must take place in an individual to allow interdisciplinary work is an enlarging of one's frame of reference so that others' knowledge becomes essential to one's own outlook.

The article provides useful discussion material for any group committed to interdisciplinary work.

Cheung, K.M. (1990). Interdisciplinary relationships between social work and other disciplines: A citation study. *Social Work Research and Abstracts, 26*(3), 23-29.

Key Words: interdisciplinary, social work, interprofessional collaboration

The author defines interdisciplinary as "a method of using existing knowledge from various disciplines to identify and examine a common interest area or to discuss a significant issue related to more than one discipline." The article discusses a study which investigated the interdisciplinary relationships between social work and other disciplines through a citation study of major social work journals in the first half of the 1980's. It provides information on the contribution of other disciplines to social work knowledge and examines the reciprocal relationships between social work and other disciplines.

Cheung gives an historical description of interdisciplinary endeavors among social sciences, of the borrowing and exchanging of knowledge among disciplines, and of work on common causes. The focus of the interdisciplinary relationships is academic knowledge and does not include interprofessional collaboration. The study implies that the interdisciplinary approach of social work aids knowledge expansion and the reciprocal information exchange process with other disciplines.

Cyphert, F.R. & Cunningham, L.L. (1987). Interprofessional education and practice: A future agenda. *Theory Into Practice, 26*(2), 153-156.

Key Words: interprofessional team, models

The authors are involved in the Ohio State University group which promotes interprofessional education. They suggest that though the concept of interprofessional team practice is generally accepted theoretically, implementation lags behind. Increasingly, data which demonstrates effectiveness of interprofessional practice will serve to integrate theory and service models. The authors present a vision of practice which holistically addresses multidimensional problems faced by clients. They discuss various models of interprofessional education and practice: (1) the medical model that includes 6-10 members from 5-7 professions who meet face to face for the purpose of evaluation and treatment and does not have a strong, sustained leadership; (2) the "as needed" model with 3 or 4 members joined by others who do not attend every meeting; and (3) the multiple entry team in which members do not always meet face to face, but collaborate concerning one problem, utilize common records and arrive at decisions by consensus.

A list is provided of appropriate purposes of interprofessional education and practice: treatment, diagnosis and self-care education, consultation, research, prevention, evaluation, training, planning, administration, and policy-making. The need for research and the testing of assumptions is emphasized, especially in the area of ethics. Professional training requires curriculum changes to include interprofessional education in coursework and institutional commitment.

Czirr, R. & Rappaport, M. (1984). Toolkit for teams: Annotated bibliography on interdisciplinary health teams. *Clinical Gerontologist, 2*(3), 47-54.

Key Words: interdisciplinary team, health care team, group process

The authors provide an annotated bibliography covering topics especially useful to those interested in health care teams: introduction to teams, team building techniques, organizational and management issues, conflict resolution and problem-solving, communication skills, leadership, systems theory and power dynamics, and interdisciplinary health teams. Addresses are also provided where more complete lists of resources can be obtained. While a useful tool, this annotated bibliography would be more helpful if updated with recent information.

Fenichel, E. S. & Eggbeer, L. (1990). *Preparing Practitioners to Work with Infants, Toddlers and Their Families: Issues and Recommendations for Parents.* Arlington, VA: National Center for Clinical Infant Programs.

Key Words: family-centered, parent/professional collaboration, training program, consumer, policy

This is one of four well-presented and informative booklets prepared by the TASK (Training Approaches for Skill and Knowledge) Project of the National Center for Clinical Infant Programs. This volume is directed to parents of children under three who have a concern regarding the training of professionals who work with their children. In the first section the authors discuss parents as consumers of infant/family services and how to assess the competence of individual practitioners and programs. Parent/practitioner relationships and common knowledge base and language are described. The discussion of seven core concepts provides useful information regarding infants and families: (1) the nature of the baby; (2) the power of human relationships; (3) the experience of the infant in the world; (4) developmental processes; (5) risk, coping, adaptation and mastery; (6) parenthood as developmental process; and (7) the helping relationship.

Section Two discusses parents as leaders in policy development, including policies affecting the training of infant/family practitioners. The main elements of good professional training are described. Section Three considers the utilization of parents as trainers of practitioners in order to provide a link between theory and the real world. Seven training programs are described which currently involve parents as trainers of professionals. In the fourth section the authors suggest priorities for collaborative action among parents, policymakers and professionals to improve training of practitioners. An appendix lists organizations that are helpful sources of further information regarding training initiatives.

Friend, M. & Cook. L. (1992). *Interactions: Collaboration Skills for School Professionals.* New York: Longman Publishing Group.

Key Words: collaboration, special education, interprofessional team, group process

Interactions is a book (186 pages) designed to help undergraduate and graduate students and professionals in the special education field to understand and participate effectively in their interactions with other professionals in schools. In their preface, the authors

assert that the book also helps undergraduate and graduate students and professionals to understand and participate effectively with parents, but this aspect is neglected in the text. The book is a practical guide to the development of knowledge and skills for collaborative interactions, containing several activities in each chapter. The authors suggest that their audience is likely to be a broad one, including participants in preservice and in-service special education and general education, as well as teachers of children with disabilities. They note that their examples focus on special services providers, but that their principles for effective interaction are universal.

The model of skill building presented in *Interactions* follows a specific sequence of development, based on a particular conceptual framework. The framework is established in Chapter 1 with the authors' definition of collaboration and identification of sets of defining characteristics and outcomes of collaboration. Dilemmas associated with collaboration are briefly analyzed and pragmatic issues related to resource issues are also discussed. Chapter 2 examines the use of two widely accepted practices in schools - consultation and the use of professional teams - and discusses the application of collaborative principles within these activities. Chapter 3 focuses on prerequisites for effective interactions including recognizing diverse frames of reference, understanding categories of information and listening skills. It provides a useful bridge to the chapters on interaction skills which follow.

The steps in interpersonal problem solving are described in detail in Chapter 4 with a useful visual aid presented in the form of a flow chart and discussion of several well-established strategies for identifying potential solutions. Chapters 5, 6 and 7 provide information on interpersonal communication skills, with Chapter 5 providing an overview of models of interpersonal communication, suggestions for effective verbal communication, and the impact of nonverbal communication. Chapter 6 focuses on the interpersonal skill of using statements which provide feedback as a specific model, while Chapter 7 addresses the skill of asking questions and provides guidelines for effective interviewing.

Two common phenomena in interactions, conflict and resistance, are addressed in Chapters 8 and 9. Each chapter presents information to increase understanding of conflict and resistance, and describes suggestions and strategies to manage them. The final chapter presents a broader perspective on the development of collaborative practice by addressing program planning and implementation, particularly focusing on programs that emphasize collaboration. This is an important chapter for professionals working in systems where collaboration is not yet organized. It also refers briefly to the need for training and the dissemination of information about collaborative programs.

In summary, *Interactions* is a useful, practical book with a multitude of case studies and examples designed to illustrate the principles presented, and exercises and assignments to enhance the development of collaborative skills. In the light of requirements for parent participation in decision making related to their children's education, mandated by P.L. 94-142, P.L. 99-457 and P.L. 101-476, it is unfortunate that the role of family members in collaborative teams is neglected by the authors. Otherwise, this publication is likely to be a valuable addition to the library of school professionals.

Golin, A.K. & Ducanis, A.J. (1981). *The Interdisciplinary Team: A Handbook for the Education of Exceptional Children*. Rockville, MD: Aspen Systems.

Key Words: interprofessional team, training program, professional issues, barriers, evaluation, research, special education

Although written for professionals in special education, this chapter is useful for all who seek practical understanding of the process of interdisciplinary teamwork. The authors discuss factors related to "professionalization" which often affect interdisciplinary team effectiveness. These include autonomy, specialization, division of tasks, ethics, delegation of authority, knowledge base, roles and stereotypes, legal responsibilities and status. Methods and exercises to address these areas and improve team functioning are described.

The authors speak to the general problem of professional education for interdisciplinary teamwork so that teams are able to operate effectively. Three models of team education are described thoroughly: preprofessional training, continuing education and team development. Goals and possibilities are discussed and examples of existing programs are used to illustrate what can be done in each model.

Another area affecting team performance is the organization in which the team functions. The authors examine general organizational characteristics which influence teamwork and provide a thorough and insightful list of questions for organizations to consider.

In the final sections of the chapter, the authors discuss in detail evaluation of team effectiveness and analyze the various components of meaningful evaluation. Research needs in the area of interdisciplinary teamwork are examined and specific research questions suggested.

Harrison, P.J., Lynch, E.W., Rosander, K. & Borton, W. (1990). Determining success in interagency collaboration: An evaluation of processes and behaviors. *Infants and Young Children, 3*(1), 69-78.

Key Words: interagency collaboration, early intervention, barriers, guidelines

The authors report on the evaluation of a project designed to increase the interagency collaboration -- inclusive of parents -- in early intervention services for children mandated by Public Law 99-457. The study determined specific behaviors and activities that lead to successful coordination and collaboration at the local level from critical incidents reported by informants: (1) developing new ways to meet community needs; (2) communicating; (3) networking and increasing awareness; (4) being responsive; and (5) neutralizing territory issues.

These factors are discussed and examples given. Implications and practical applications of findings are discussed. Barriers to collaboration are described including the reality that "working collaboratively takes far more time than working alone, and the advantages of a collaborative product are not always immediately apparent" (p. 77). A useful summary of the findings are presented with seven guidelines to overcome barriers to collaborative efforts. The authors also emphasize the importance of considering the characteristics of individuals involved in the collaboration, the available resources, and the client base.

Hord, S.M. (1986). A synthesis of research on organizational collaboration. ***Educational Leadership, 43*****(5), 22-26.**

Key Words: cooperation, interorganization, interagency collaboration

The author begins by distinguishing between the terms cooperation and collaboration and describing the unique aspects of each. She then presents a literature review exploring concepts and paradigms of collaboration and cooperation between agencies and organizations. Benefits and costs of collaboration are discussed, as well as factors which contribute to successful collaboration.

The author addresses issues involved in interorganizational and interagency cooperative and collaborative relationships, and the institutional changes that are necessary for successful endeavors. Literature is discussed which focuses on the outcome effectiveness of interorganizational cooperatives, collaboratives, coalitions and consortia. An analysis of a failed effort is included.

The author provides detailed definitions in chart form of the cooperative and collaborative models. The need for careful defining of purposes and goals in collaborative efforts in order to avoid conflicts and misconceptions among participants is highlighted. Collaboration is shown to be a complex process involving mutuality and commitment to shared outcome. Ten features of organizational collaboration and cooperation are presented with emphasis on collaboration as the most appropriate mode for interorganizational relationships.

Journal of Interprofessional Care**. (1992). London: Carfax Publishing Company.**

Key Words: interprofessional collaboration, international focus, British

This is a recently launched (1992) British publication with an international focus which promotes whole person care, interprofessional collaboration and communication. Areas of education, training, organization, research and practice are addressed, facilitating links between practitioners, users, researchers, students, administrators and policy makers both within disciplines and across disciplines. Barriers to effective collaboration are addressed and explored, practice models are described and curricula discussed and developed. The editors welcome comment, and wish to stimulate writing, discussion and debate. The journal's format includes editorials, original articles, relevant papers of the past, conference reports, abstracts, letters to the editor and dialogue, book reviews and news.

Krueger, M.A. (1990). Promoting professional teamwork. ***Child and Youth Services, 13*****(1), 123-130.**

Key Words: team model, group skills

The author sees the team approach as a challenging though potentially effective method of treatment design and service delivery in child and youth care. In order for it to be effective, however, team members must receive extensive practice and training. A description is given of policies, procedures, skills, human conditions and teaching

methods that promote team functioning. The information is practical and direct, and emphasizes the need to invest in preparation and management of teams if they are to accomplish required tasks.

The author points out the importance of team members sharing equal status within a group. Skills required of members reflect a personal maturity and respect for self and others which is not present in every person. The author implies that selection of team members is essential to the success of the training process and the effectiveness of the team.

Pearson, P.H. (1983). The interdisciplinary team process, or the professionals' Tower of Babel. *Developmental Medicine and Child Neurology, 25*(3), 390-395.

Key Words: team model, professional issues, interprofessional collaboration

The author begins with a short rationale and history of interdisciplinary teams to provide assessment and services for children with disabilities. A differentiation is made between a multidisciplinary approach to practice and an interdisciplinary team approach.

The author discusses how interdisciplinary teams might function more effectively by proposing one essential rule and two essential conditions. The rule is the Golden Rule (Matthew 7:12, Do under others..." and the conditions are common goals and a satisfactory matrix or process. Individual professionals are required to function in an interdisciplinary fashion and make group decisions, taking into account the goals of all the involved professions. Two aspects of commonality of goals discussed by the author are 1) agreement on the role that each member plays in the interdisciplinary team and 2) a clear and formalized structure for all aspects of team functioning.

Regarding the development of a matrix which encourages team functioning, the author describes fully and practically three dimensions: professionalism, communication, and philosophical and psychological factors. He provides insightful comments regarding problems inherent in collaborative efforts. The sensible and analytical manner in which the author presents specific elements of process challenges the reader to move forward toward a functioning interdisciplinary model of practice. Though the author makes reference to children with disabilities as a particular target for interdisciplinary services, his concepts are generally related to team efforts and restricted to interprofessional collaboration with only brief reference to family participation.

Shelton, T.L., Jeppson, E.S. & Johnson, B.H. (1987). *Family-Centered Care for Children with Special Health Care Needs*. Washington, DC: Association for the Care of Children's Health.

Key Words: family-centered, parent/professional collaboration, collaboration

This monograph discusses the growing awareness of the importance of family-centered care for children with special needs. The authors present eight components which have been identified by parents and professionals from around the country as key elements of a family-centered approach to care. Each short chapter focuses on a specific key element and includes a definition and specific examples of family-centered approaches. Clarification of what family-centered care is and is not is gained by the inclusion of

statements by parents whose children have chronic illness or disabling conditions and by professionals who work with them. Concrete examples of programs and policies are also presented in each chapter.

The facilitation of parent/professional collaboration is identified as one of the eight key elements of family-centered care discussed in this publication. The chapter on this element examines the need for collaboration at several levels: in providing care for the individual child; in developing community and hospital services; and at the policy level. The authors emphasize the importance of training which prepares professionals for collaboration with families and with each other. Opportunities for interaction and positive attitudes toward collaboration are identified as necessary components for effective collaboration.

Other key elements of family-centered collaboration discussed by the authors include: 1) recognition that the family is the constant in the child's life; 2) sharing of unbiased and complete information with parents; 3) implementation of appropriate policies and programs that are comprehensive' and 4) assurance that the design of health care delivery systems is flexible, accessible, and responsive to family needs. A final chapter discusses findings from research in family-centered care and identifies some key questions for future research.

A particularly useful component of this monograph is a set of checklists for the implementation of family-centered care. There are checklists for effective parent/professional collaboration, for states, for communities, for hospitals, for research investigations and for professional training programs. These might be helpful for advocates attempting to draw attention to deficits in service provision or to administrators who wish to identify key elements to include in their program. The checklist for professional training programs specifically asks questions about whether instruction is provided in skills for working collaboratively as a team member with professionals of other disciplines, effective methods for working collaboratively with families, and service delivery models that provide coordinated care. The monograph concludes with a list of family-centered care resources.

While not specifically focused on interprofessional collaboration, the authors address collaboration as an important dimension of family-centered care. The monograph is written for an audience in the health care arena, but the principles have direct relevance for the field of children's mental health. It is a valuable resource for professionals and trainers seeking to implement family-centered care.

Snyder, R.C. (1987). A societal backdrop for interprofessional education and practice. *Theory Into Practice, 26*(2), 94-98.

Key Words: policy, ethics, social change, interprofessional education, Ohio State University

The author presents an energetic appeal for interprofessional cooperation to affect American society by redefining social responsibility and professional citizenship. He sees the increasing complexity and rapid social change as having created client situations which cannot be adequately met by monoprofessional practice. The author presents three conditions for a good theory on which to build interprofessional practice to match client need: 1) involving practitioner/client interaction; 2) interprofessional communication; and 3) interprofessional influence in public policy.

The author outlines a parallel theory of interprofessional education. He highlights the distinctive strategy of The Ohio State University Commission on Interprofessional Education and Practice which deliberately co-educates students and working practitioners of various professions through common learning experiences. The program specifically addresses topics related to societal values and ethical issues. Continuing education is presented as a necessity for the professional who seeks to keep current with a changing environment.

The positive outcome sought by the Ohio State University Commission is to increase the number of health care and human service professionals who can engage in collaborative practice and counter the predominant societal trend toward self-interest and competition. The author sees interprofessional practice influencing operations in institutions and society as well as in direct service, involving cooperative effort, integration of knowledge and an intersection of value bases. These areas are discussed and shown to be critical to the formation of interprofessional policy panels to effect national issues of shared interest. The author presents an interesting discussion of ethical issues, the uncertainties surrounding decision-making and the relevance of interprofessional practice and education to the area of ethics and policy formation.

Yank, G.R., Lindsay, R.J., Barber, J.W. & Hargrove, D.S. (1992). Ethical issues for academic participants in state-university collaboration programs. *Hospital and Community Psychiatry*. *43*(12), 1213-1217.

Key Words: university, ethics, professional issues

The authors discuss ethical dilemmas that arise from the development of state-university collaboration programs. The process of collaboration requires the creation of common values and goals among professions. University-based professionals may feel that compromise necessitated by the economic and political factors which influence operations in state agencies is incompatible with maintaining professional standards for quality practice. The specific question becomes whether by collaborating departments of psychiatry will contribute to the increased quality of patient care, or whether the compromises which at times occur in collaboration will delay needed changes to improve services.

The authors suggest that compromise must be temporary and that collaboration should be entered into with agencies which are committed to improvement of client services, and where professional values and practice standards can be upheld. A climate of inquiry and dialogue is seen as essential to turn areas of conflict into topics of investigation and research. Specific ethically sensitive areas discussed by the authors include: issues of equitable care, custodial care and personal autonomy; adversary advocacy; and state agency administration.

SECTION III

ADMINISTRATIVE AND POLICY ISSUES RELATED TO INTERPROFESSIONAL COLLABORATION

Boyd, L.A. (1992). ***Integrating Systems of Care for Children and Families: An Overview of Values, Methods and Characteristics of Developing Models, with Examples and Recommendations.*** **Tampa, FL: Department of Child and Family Studies, Florida Mental Health Institutes, University of South Florida.**

Key Words: integrated services, family-centered, interprofessional collaboration, University of South Florida, policy

This 128-page monograph addresses the over-arching question, "how and to what degree should some, most, or all children and family services be blended, integrated and coordinated in their funding, regulating, monitoring, and evaluating?" (p. 3). In Chapter I the author provides an overview of the recent history of the movement toward more collaborative and integrated family-centered systems of care for children and families. The values and characteristics of integrated children's services as they are presented in the literature are examined in detail in Chapter II. Chapter III presents specific criticisms of fragmented, categorical programs and describes the advantages of an integrated system of care from the perspective of consumers, providers, administrators, and legislators. Emerging child and family care models, systems and related activities from several sampled states are listed with descriptions in Chapter IV. Based on the information presented in Chapter IV and his analysis of the literature, the author presents a set of eight recommendations and strategies for integrating systems of care in Chapter V together with a brief conclusion in Chapter VI. Appendices include summary information about the system of care, wraparound services, state agency structures serving children and youth across the country, and a sample of legislation from Virginia which creates a collaborative system of services for children and youth.

While generally focused on presenting information about the advantages of integrated services and giving examples of strategies for implementation, the monograph does include information of value to the student, practitioner or administrator interested in interprofessional collaboration. For example, the author includes a summary of Charles Bruner's (1991) publication, *Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services* which provides helpful suggestions for collaboration at all levels of organizations. The "Provider's View of an Integrated System of Care" provides a snapshot of what practice might look like in an ideal system of care and what kinds of attitudes are necessary for such integrated practice. The examples of model programs include descriptions of the ways that responsibilities are shared in integrated systems and the strategies adopted at various sites to insure integration. The recommendations in Chapter V include specific suggestions about the areas of focus in interdisciplinary family assessment, the professionals and others who should be included in interdisciplinary services teams, and the need to clarify common terminology related to interagency relationships, goals and activities.

An unfortunate gap in the monograph is the lack of attention to training and education to prepare professionals and non-professionals to work in integrated systems of care. There are a few brief references to the need for staff to gain information about other agencies in the chapter on model programs. The final recommendations include just a brief, general reference to training staff not only in effective therapies, but in interagency collaboration and integration as well. "...training resources being spent for integrative, interagency, cross-training, and similar training events" (p.104). We believe that attention to training at all levels -- preservice, in-service, and graduate -- is critical if we are to have integrated systems of care staffed by people with the attitudes, knowledge and skills for collaboration.

Bray, J.D. & Beveliacqua, J.J. (1993). A multidisciplinary public-academic liaison to improve public mental health services in South Carolina. *Hospital and Community Psychiatry, 44*(10), 985-990.

Key Words: community-based, mental health, consortium, in-service training, university

This article describes specifics of the highly structured process undertaken to develop the South Carolina public-academic mental health consortium. This multidisciplinary liaison works toward the transformation of services for children and adults with severe mental disabilities from a centralized in-patient model to a community-based model. Membership includes representatives from graduate programs, consumer and advocate organizations, and mental health staff from various settings.

The authors explain the organization of the consortium's overall mission to improve public mental health services and the development of four mission-related goals: (1) to improve pre-service education; (2) to promote research; (3) to provide continuing education; and (4) to improve employee satisfaction and productivity. Three levels of anticipated outcomes for the public-academic consortium include involvement of academics in the public mental health system, involvement of curriculum and collaborative research, and achievement of consortium goals.

Bruner, C. (1991). *Thinking Collaboratively: Ten Questions and Answers to Help Policy Makers Improve Children's Services.* Washington, DC: Education and Human Services Consortium.

Key Words: collaboration, policy, planning, interagency collaboration

This monograph is the third in the Education and Human Resources Consortium's Series on Collaboration. The first two in the series are *New Partnerships: Education's Stake in the Family Support Act of 1988* and *What it Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services*. Using a question and answer format, this publication is designed to help state and local policy makers consider how to foster collaboration that truly benefits children and families. Checklists are included to help policy makers assess key issues in developing interagency initiatives, demonstration projects and statewide reforms to promote collaboration.

In Chapter 1, Bruner presents answers to four basic questions, "What do we mean by collaboration?", "What problems is collaboration designed to solve?", "At what organizational level should collaboration occur?", and "How do we know if collaboration is happening and if it is working?" The answers address multiple levels of collaboration: interagency- administration, interagency-service, intra-agency, and worker-family. Case examples are included to illustrate the kinds of family situations where collaboration may be helpful.

"Top-Down Strategies - Bottom-Up Collaboration" in Chapter 2 presents the answers to questions about first generation, second generation and third generation approaches to collaboration. First generation approaches are defined as directives by state-level interagency groups to agencies in order to plan together to address child and family needs; second generation approaches are the provision of state finance and technical assistance to local collaborative initiatives which may be replicated elsewhere; third

generation approaches are comprehensive statewide collaborative approaches based on the experiences of multi-site demonstration projects. This chapter includes lists of questions to ask when planning collaborative efforts at the three levels. For example, the planner should determine whether there are mechanisms to obtain meaningful participation from families to be served.

Chapter 3 addresses issues related to the role of the private sector in collaboration initiatives, and the risks and limitations of collaboration. This section briefly addresses the importance of collaboration training for front-line workers since collaborative roles are associated with increased discretion and the potential for prejudice and arbitrary decisions. The author emphasizes the importance of training which is sensitive to multicultural issues, but does not provide detailed recommendations about the content or form of training to prepare personnel to collaborate.

The monograph concludes with seven key points about collaboration which remind the reader of the challenges to collaboration and its limitations. A major theme is that collaboration is done by people, not institutions, and that time and support must be built-in to workloads when interagency agreements are made. Appendices include resources for further reading and information.

Thinking Collaboratively is an excellent guide to collaboration, not only for policy makers, but also for agency administrators and managers, and educators. The monograph compresses a wealth of useful information into its 31 pages, and the question and answer format makes it very readable.

Center for the Future of Children, The David and Lucile Packard Foundation. (1992). School linked services. *The Future of Children*, 2(1).

Key Words: school-based services, integrated services, family-centered, flexible funding, interdisciplinary team, training

The Future of Children is a quarterly publication designed to disseminate timely information on important issues related to the well-being of children for a multidisciplinary audience of policy makers, practitioners, legislators, executives and professionals in both public and private sectors. The focus is on promoting constructive institutional change, translating existing knowledge into effective programs and policies, analysis, and evaluation.

The second issue of *The Future of Children* contains a set of articles which provide an overview of the complex issues related to the increasing roles of schools in coordinating and/or providing health and social services to children and their families. Articles address the history of efforts to meet children's non-educational needs through the schools; examine how different organizational structures enhance or impede the delivery of coordinated services; review selected examples of school-linked services; analyze patterns of financing for services and efforts to link schools and social services; identify key issues and responsibilities in developing school-linked services in a community; assess the respective merits of school-based and community-based models of service delivery; describe current efforts at the federal level to promote integrated services; and present critical issues to be addressed in implementing the school-linked approach.

The major focus of the articles is on the design, planning, implementation and evaluation of school-linked services at the organizational level. Based on their review

of the articles presented in the journal, a summary article by the journal editors identifies seven criteria for school-linked services. Key elements include: 1) comprehensive services individualized to meet the needs of families; 2) pooled funding; 3) the involvement of families as a whole; and 4) the ability to respond to the diversity of children and families. The articles address the principles needed for systems change, but fail to address the collaborative skills necessary for providing integrated services or the training implications for staff involved in implementing school-linked services.

In his article on key issues, Gardner discusses the concept of cross-training, in which members of the interdisciplinary planning team teach each other, particularly about each agency's alphabet soup of acronyms. He highlights the importance of involving front line workers and parents in planning, but neglects to mention the training needs for participants to function in this new approach. Gardner also discusses an expanded role for parents in planning and evaluating school-linked services but fails to address the practice and training implications for practitioners and program administrators who have been trained to work in fragmented systems.

This edition of The Future of Children provides some valuable perspectives on the emerging efforts to meet the needs of families through integrated services approaches for policy makers and program planners. A useful inclusion would have been an article on the implications for practitioners working in integrated service systems and the need for training for interprofessional and parent/professional collaboration.

Fenichel, E. S. & Eggbeer, L. (1990). ***Preparing Practitioners to Work with Infants, Toddlers and Their Families: Issues and Recommendations for Policymakers.*** **Arlington, VA: National Center for Clinical Infant Programs.**

Key Words: training program, credentialing, children with disabilities, family-centered

This is one of four well-presented and informative booklets prepared by the TASK (Training Approaches for Skill and Knowledge) Project of the National Center for Clinical Infant Programs. This volume is directed to policy-makers at every level and in every branch of government who are concerned with investment in young children and their families. To achieve positive child and family outcomes, adequate financial investment is required to supply well-trained staff with on-going supervision and training. The authors suggest immediate steps that policy-makers can take using existing resources to begin essential changes in professional training.

In Section One the authors examine the area of professional competence and certification. Examples are provided to suggest how infant/family competence may be reflected in the work of a child care provider, early childhood special educator and neonatologist. Section Two describes the four key elements of training for infant/family practitioners: (1) common knowledge base among professions; (2) opportunities for direct observation and interaction with children and families; (3) individualized supervision; and (4) interprofessional collegial support. Ways of incorporating these elements into different educational models and settings are discussed.

Section Three provides eleven examples of pre-service, in-service and continuing education programs designed to enhance professional competence in infant/family practice. In Section Four the authors suggest priorities for collaborative action among policy-makers, parents, educators and professionals to improve training of infant/family

practitioners. An appendix is provided of core concepts that form a common knowledge base for understanding infants and their families. A list of organizations is provided as a source for further information.

Friesen, B. & Koroloff, N. (1990). Family centered services: Implications for mental health administration and research. ***The Journal of Mental Health Administration, 17*****(1), 13-25.**

Key Words: child mental health, family-centered, mental health administration, research, policy

This article highlights the need for policy and administrative practice to support the shift toward family-centered services in child mental health. The authors examine four barriers to implementation of concepts and goals.

The first barrier involves the persistent focus of services on the child with a disability as the unit of care. A discussion of the historical background provides understanding of this practice. Second is the tendency to focus attention on mental health needs of a child and to exclude other services also needed by the child and family. A third barrier is the emphasis on formal services and lack of consideration toward supports provided through informal networks. In regard to the fourth barrier, the authors discuss how professionals have typically ignored parents and family members as expert resources.

The authors stress the need for family involvement and collaboration to develop from a parent/professional partnership. This new role for parents of children with emotional disorders is supported by national and local parent advocacy groups and organizations described by the authors. The articulate family voice has become one of the most important factors in encouraging the shift from service-centered to family-centered programs. This approach calls for increased coordination among service agencies and program and funding flexibility. In a discussion of implications for administrators, the authors emphasize the need for flexible funding for programs, family/professional partnerships and family-focused skills for administrators. Implications for research are discussed and include the need for changes in approach to address comprehensively a broader range of variables and programs.

Gardner, S. (1993). The ethics of collaboration. ***Georgia Academy Journal, 1*****(1), 2-4.**

Key Words: family-centered, ethics, service delivery, interprofessional collaboration, interagency collaboration

This brief article is a succinct analysis of important ethical issues related to the provision of services to children and families. Gardner critiques the ethical impacts of the use of deficit models and the fragmented, categorical service system that "denies a family the services it needs because they cannot find their way through a chaotic mixture of categorical programs which no one in the system understands either, and...denies a community the right to set its own priorities and then be held accountable for the outcomes it has selected" (p. 2).

Gardner asserts that an ethical perspective is essential in re-designing service systems to meet the needs of children and families. To clarify the values which underlie the

system, he argues that we must put children and their families first, not agencies, programs or professions. Gardner's article raises critical issues in the design of collaborative systems and the development and implementation of collaborative family-centered practice, as well as implications for professional training. His eloquent assertions provide a serious ethical basis for examining interprofessional, interagency practice.

Gardner, S. (no date). *Community Report Cards: Making Kids Count*. Fullerton, CA: California State University, Center for Collaboration for Children.

Key Words: evaluation, community-based, interagency collaboration

This 20-page guide discusses how communities can use "report cards" to measure what is happening in the lives of children and families in a local context and then to monitor progress on a yearly basis. The author explains the value of the report card approach in achieving community goals which focus on the well-being of children, across all agencies and programs. By combining data indicators from health, education, social services and other community sources as part of a total set of indicators, the agenda for improving the lives of children becomes a collaborative effort of the entire community.

The author explains the importance of advocates and planners moving from the statewide level to the local level to communicate the community-specific needs of children. He provides details for how to assemble a broad-based coalition which includes children-serving agencies, advocates, non-profit groups, funders, parents and community leaders. Criteria and issues in data selection are discussed regarding the content of the report card, with special emphasis on the importance of measures of outcome which indicate actual impact of services on children's lives. Data are used to change policy and improve community outcomes, but not to assign blame to particular agencies. Implementation issues are addressed through illustrations of communities in California that have utilized the model.

Gardner, S. (1991). A Commentary. Edelman, P.B. & Radin, B.A., *Serving Children and Families Effectively: How the Past Can Help Chart the Future*. Washington, DC: Education and Human Services Consortium.

Key Words: integrated services, flexible funding, interprofessional education, community-based

In his article, Gardner responds to a paper by Edelman and Radin (1991) who examine how lessons of the past thirty years might aid in bringing about integration and coordination of services to children and families. He lists and discusses nine lessons which he deems critical to the change effort:

(1) Large-scale change in service delivery requires radical change in the design of funding streams. The author advocates for a "block grant with a soul" with government accountable for tangible improvements in the lives of children and families.

(2) Outcome measures are critical to knowing where you are going. Community-wide assessments should answer the question "How did things get better or worse for our children last year?"

(3) Failing to plan for a better system is planning to fail. The author advocates building consensus by negotiations and professional bargaining units to combat political obstacles of devotion to the status quo and scarcity of community change agents.

(4) Services integration, as a reform strategy, works best where good people are willing to work at it. Therefore change efforts should be directed where the local community and key actors recognize the stakes involved and accept the risks.

(5) Running good pilot projects won't change the system if the universities keep teaching it wrong. The need here is for university leaders to promote cross-disciplinary approaches to the training of professionals.

(6) A source of neighborhood-based leadership is essential. Culturally diverse professionals are needed to serve children and families and leadership must be both visionary and pragmatic, committed to advocating for children and families.

(7) Line professionals matter. Those involved in direct services with children and families must be involved in designing interventions.

(8) States matter. Human services money is connected to state sources of funding, technical assistance and data.

(9) A "new consensus" requires that service integration efforts be based on a notion of mutual obligation. Benefits linked to personal effort receive more support than entitlements. An example is opportunities available for youth who stay in school, stay away from drugs and avoid premature parenthood.

The author's comments provide a useful resource for those committed to serving the whole child and whole family within the whole community, and to the ethic of mutual responsibility.

Guthrie, G.P. & Guthrie, L.F. (1991). Streamlining interagency collaboration for youth at risk. ***Educational Leadership, 49*****(1), 17-22.**

Key Words: interagency collaboration, guidelines, integrated services

The authors address the problems of coordinating human services for children and youth. Rather than providing fragmented services in a competitive manner, collaboration and restructuring is advocated.

Examples of pilot collaborative efforts as a means to integrated services are described. It is emphasized that each community must tailor interagency collaboration to its own needs. A summary of published recommendations for agencies and schools seeking to develop a plan for improved collaboration is presented. Basic approaches include use of a professional coordinator, development of school-based services, networks of communication, and promotion of joint projects among schools and agencies. The authors describe basic principles that must apply to any collaborative endeavor; it should be comprehensive, preventive, child-centered, and flexible.

The authors offer a five-step guideline toward the streamlining of interagency collaboration in a careful manner to produce lasting organizational change. They

describe the process of understanding the community context, identifying agency contacts, establishing a team, and developing and implementing a plan based on common goals and expectations. Common pitfalls to the interagency collaborative effort are also discussed.

Hall, R. H. (1986). Interorganizational or interprofessional relationships: A case of mistaken identity? In *The Organization of Mental Health Services: Societal and Community Systems.* (Chapter 7, pp. 147-157.) Beverly Hills, CA: Sage Publications.

Key Words: conflict, interprofessional collaboration, professional issues, role clarification

In this chapter the author focuses on the dynamics of the interprofessional relationship as critical to the success of interorganizational structures in human service delivery. He examines literature on professions describing the establishment of professional identity based on the attribute approach, which emphasizes control over training and practice in order to enhance the influence of the profession. Such professional differentiation which views a specific approach to human services as superior or more relevant reduces interaction between professions and organizations and inhibits effective service delivery.

The author reports on a study of interorganizational relationships and organizational effectiveness in 76 organizations serving youth. Most agencies were found to be staffed by members of a certain profession: for instance, lawyers in juvenile courts; specialized social workers in schools, welfare departments, and detention centers; and clinical social workers, psychologists and psychiatrists in mental health settings. The study revealed conflicts and blaming based on different professional views of how juveniles should be served. The study also indicated that when conflict between agencies or professions is present, the providers' perception of their performance and effectiveness is lowered.

While acknowledging that well-entrenched power relationships are difficult to alter, the author believes the problem must be addressed to improve service to clients. He advocates for an assessment of the range of professional judgments relevant to particular types of service delivery and a mandate for interorganizational relationships. He urges that problems be addressed through structural arrangements that encourage empowerment of the full array of professional points of view, but does not include suggestions of specific organizational supports.

Knitzer, J. & Yelton, S. (1990). Collaborations between child welfare and mental health. *Public Welfare, 48*(2), 24-33.

Key Words: child welfare, child mental health, interagency collaboration, family preservation, foster care, flexible funding

The article is a well presented and important summary of issues critical to service delivery to children who are troubled and their families. The focus is on cross-system collaborations between child welfare and mental health agencies charged with serving children in community, non-residential settings. The work of the Child and Adolescent Service System Program (CASSP) in encouraging community-based mental health services for children and families and the shift in focus regarding out-of-home

placements are described. The author provides an overview of collaborative initiatives involving family preservation services at local and state levels. Issues of appropriate placements, avoidance of disrupted adoptions and out-of-state placements, and early childhood intervention programs are discussed. Examples illustrate efforts for comprehensive change focusing on providing children and families with a broad range of services through multi-system collaboration and pooled funding. Challenges are described in the areas of mental health services for abused and neglected children, therapeutic foster home programs, and re-entry of children into family settings.

Legislation which supports collaboration between child welfare and mental health systems is explained. Barriers which continue to obstruct cross-system initiatives are reported, including pro-residential bias among professionals and legislators, doubts regarding strengths of parents and their capacity for growth, interprofessional ignorance, and fiscal inflexibility. Restructuring of organizational and fiscal systems is a complex task required to support the community-based shift in services to children and families. The author suggests three critical ingredients for successful cross-system collaboration which results in change: leadership, shared goals and a realistic sense of time.

Lourie, I.S., Stroul, B.A., Katz-Leavy, J., Magrab, P.R., Friedman, R.M., & Friesen, B. (1990). Advances in children's mental health. ***American Psychologist,*** ***45*****(3), 407-408.**

Key Words: parent-professional collaboration, family involvement, CASSP, culture

This article provides information concerning recent improvements in mental health services to children. Briefly the authors describe the system change work of the Child and Adolescent Service System Program (CASSP), which promotes advances in the field of child mental health by a "four-pronged effort":

(1) A conceptual model for a system of care has been developed to be used as a framework for planning and delivering services which are comprehensive, individualized, least restrictive, inclusive of families as participants, integrated and coordinated.
(2) Grants have been provided to states and communities to develop interagency collaboration systems to facilitate service delivery.
(3) A national movement of parents of children with severe emotional disabilities has been developed and a series of parent-professional conferences held to encourage partnerships in the intervention process.
(4) A project is underway to define the basis for a culturally-sensitive system of care which advances racial and ethnic concerns.

Magrab, P., Pelosi, J. & Flynn, C. (1985). ***Assessing Interagency Coordination Through Process Evaluation.*** **Chapel Hill, N.C: University of North Carolina, Frank Porter Graham Center.**

Key Words: interagency collaboration, evaluation, program development, interprofessional collaboration

This booklet is designed to help state and local agencies conceptualize process evaluations of their interagency efforts. The authors provide an overview of the

methods and instruments that may be used to review, analyze and document interagency processes. They examine the differences between process and outcome evaluations and choose to focus on the former. This approach permits study of areas for program improvement as well as identifying areas of existing strength. The state interagency plans which are the focus of the study are described in their formative stages.

Issues in Developing and Evaluating Interagency Coordination are discussed in Section I. Magrab and her associates review several definitions of interagency coordination and the implications of the lack of a common definition for evaluation efforts. The purposes, differing patterns and dynamic processes of interagency coordination are reviewed together with a brief summary of their effects on process evaluation efforts.

Section II discusses issues related to process evaluation efforts to measure the following elements: precursors to successful interagency coordination; relationships and linkages among agencies; dynamic processes in interagency coordination; and state-community relationships. In particular, the different precursors for voluntary and mandated coordination are identified. Instruments for measuring situational characteristics, the basis for evaluation efforts, resource sharing, relationships and linkages between agencies, dynamic processes and state-community partnership are suggested. A number of useful instruments are included in the appendices.

While not addressing the knowledge and skills necessary for interagency coordination, the authors examine evaluation as an important aspect of the effort to promote interprofessional, interagency collaboration. They give detailed suggestions about how to conceptualize a process evaluation of interagency coordination and some concrete tools to assist in the implementation of an evaluation plan.

Melaville, A.I. & Blank, M.J. (1993). ***Together We Can: A Guide for Crafting a Profamily System of Education and Human Services.*** **Washington, DC: U.S. Government Printing Office, ISBN 0-16-041721-X.**

Key Words: integrated services, family-centered, guidelines, system change, collaboration, program example

This book provides an excellent basic resource for those interested in creating a "profamily system of integrated services" for children and families. It was developed jointly by the U.S. Department of Education and the U.S. Department of Health and Human Services to help communities improve coordination of education, health care and human services for at-risk children and families. The authors describe the work and experience of a study group of researchers and front-line administrators and practitioners who work with promising programs which link education and human services. Information is given to guide and provide a vision for systems change and collaborative strategies, acknowledging that implementation details vary according to local circumstances.

The book contains three parts and three resource appendices. Part I, Outlining a Vision for Change, presents the case for integrated education and human services with an early intervention emphasis of prevention. A strategy for integrating and restructuring current services is presented and key characteristics of integration initiatives are described. Part II, Realizing the Vision, leads the reader through a five-stage collaborative process with "milestones" and "landmines" portrayed through vignettes and case studies describing the personal experiences of the study group members. Part

III, Communities Moving Toward the Vision, features four collaborative efforts in different areas of the country which have linked human services and education. The profiles illustrate the key ideas of the five-stage framework.

The appendices include: (a) two checklists for collaboratives; (b) a directory of key contacts and organizational resources; and (c) notes and a bibliography.

Nash, K.B. (1982). Managing interdisciplinary teams. In Austin, M.J. & Hershey, W.E. (Eds.) (pp. 163-182.) ***Handbook of Mental Health Administration.*** **San Francisco: Jossey-Bass.**

Key Words: interdisciplinary, organizational support, group process, team model

This chapter is directed to managers interested in improving the efficiency of interdisciplinary teamwork in mental health settings. The author focuses on the definition, history and function of interdisciplinary teams, the role of group process, and team leadership. He discusses in detail topics pertinent to team management including group process, communication, conflict resolution, decision making and self-awareness. Practical suggestions are given for overcoming barriers, and training in interdisciplinary teamwork for all professions is urged.

A model for interdisciplinary team functioning is proposed based on group decision-making, flexible role definition and open communication, which represents a more egalitarian approach than that of traditional management. Broad guidelines are provided for interdisciplinary team management, including developing and monitoring the organizational structure to support and facilitate the work of the team. The detailed material provides a useful resource for participants of interdisciplinary teams as well as administrators. A self-study questionnaire is provided for team leaders.

Nelson, C.M. & Pearson, C.A. (1992). ***Integrating Services for Children and Youth with Emotional and Behavioral Disorders.*** **Reston, VA: Council for Exceptional Children.**

Key Words: interagency collaboration, child mental health, collaboration training, interprofessional team

This book (206 pages) is a guide for policy and program planners interested in developing collaborative interagency programs for children and youth with emotional and behavioral disorders. It is of interest to professionals and educators involved in interprofessional collaboration because it addresses the skills needed for interagency staff working in collaborative systems. Organized into eight chapters, the book begins with a rationale for interagency services for children and youth with emotional and behavioral disorders. Chapter 2 describes children and youth with emotional and behavioral disorders in terms of their behavioral characteristics and the definitions used by various agencies and professions. Information about legislation, litigation, funding mechanisms and advocacy issues affecting interagency collaboration is presented in Chapter 3. In Chapter 4, conceptual models embraced by professionals in children's mental health and education are described. Strategies for implementation and possible barriers and challenges are presented in Chapter 5, with a discussion of the outcomes and benefits of interagency collaboration in Chapter 6. In Chapter 7, three model programs, the Alaska Youth Initiative, Bluegrass IMPACT (Kentucky) and The Ventura Model (California), are presented. The book concludes with the authors'

conclusions and recommendations for interagency planning and service delivery. The appendices include detailed information about the three exemplary programs described in Chapter 7 and a list of interagency resources.

Much of *Integrating Services* is written at the level of policy and program planning, but Chapter 5 does address the need for technical assistance and training to prepare professionals to function in collaborative interagency arrangements. The authors recommend the use of surveys to identify training needs and to plan technical assistance and training initiatives. They suggest that training for parents, advocates, legislators, and the public, as well as for staff, is the vehicle through which an interagency attitude is communicated and learned.

Nelson and Pearson argue that successful interagency team building requires systematic, ongoing training which addresses such topics as the philosophy and mechanisms of integrated services delivery and the development of team, case management and problem solving skills. Without giving details of their rationale or method for requiring it of parents, they propose that new staff, parents and volunteers should be given mandatory basic training, followed by a period of supervision under a qualified mentor. They suggest that preservice training for educators, psychologists, social workers and other helping professionals should emphasize interagency linkages and collaboration in order to enhance linkages at the service level. Further, the authors argue that close collaboration among disciplines should become a required practice experience in professional training.

This book is a useful resource for professionals and program planners involved in meeting the complex needs of children with emotional and behavioral disorders and their families. Although the major focus is on organizational and management issues, it includes information about various models of interprofessional team functioning and the skills needed for interagency collaboration.

Zipper, I.N., Hinton, C., Weil, M. & Rounds, K. (1993). *Service Coordination for Early Intervention: Parents and Professionals*. Cambridge, MA: Brooklyn Books.

Key Words: service delivery, interprofessional collaboration, family-centered, family involvement, interdisciplinary team, integrated services

With the requirements of Public Laws 99-457 and 102-119 to provide supportive services for families of young children with disabilities as a backdrop, the authors provide this monograph of useful information about the issues and considerations which underlie service coordination. Guidelines are given for policy makers and service providers who seek to develop and implement service coordination activities. After the authors acknowledge the complexity of coordination of services to young children and families, they go on to describe the goals of early intervention and set about to provide practical ways to achieve them.

Chapters in the monograph consist of:

1. A Context for Service Coordination: Historical, Legislative and Regulatory
2. The Service Coordinator and the Process of Service Coordination
3. Families in Early Intervention
4. Parent/Professional Collaboration in Service Coordination
5. Developing a System of Service Coordination

6. Interprofessional Collaboration for Service Coordination
7. Preparing Personnel for Service Coordination

Of particular interest are the final two chapters which deal specifically with issues of interprofessional collaboration and training. Chapter 6 discusses issues involving effective collaboration. The role of the family in the interdisciplinary team, the role of the service coordinator, conditions that support interprofessional collaboration, and team functioning are highlighted. Chapter 7 specifically addresses training for the preparation of individuals who function as service coordinators and perform the central role for this model of service delivery. Service coordinators require a variety of competencies including a specific value base of commitment to family centered, community-based and coordinated services; a knowledge base relevant to the population of infants and young children and to the service system; and skills to promote partnerships between parents and professionals and collaboration between professionals. Preservice and in-service preparation are discussed as well as issues concerning parental involvement as planners, trainers and trainees.

SECTION IV

METHODS OF INTERPROFESSIONAL COLLABORATION FOR DIRECT PRACTICE

Ascher, C. (1990). Linking schools with human service agencies. *ERIC/Cue Digest, 62*, 3-4.

Key Words: school-based services, collaboration, barriers, role clarification, interagency

In this concise and important article, the author offers a rationale for school-based services for children and families and discusses the organizational barriers which render such collaborative effort problematic. Literature is cited which discusses pressures on school staff including the complex nature of students' emotional difficulties, financial cutbacks, the lack of interagency connections and inadequate community support. Examples of mechanisms which establish links between schools and youth-serving agencies include case management, programmatic integration, co-location on the same site, and a community coordinating council.

The following features are associated with programs that have been successful in offering collaborative services to students with emotional disorders. They: (1) offer comprehensive services, delivered flexibly and coherently; (2) move beyond crisis management to focus on prevention and development; (3) offer services in non-traditional settings and non-traditional hours; (4) offer staff time, training and skills necessary to build relationships of trust and respect; (5) hire a staff member from local community to act as facilitator; (6) involve teachers and parents; (7) see a child in the context of family and community; and (8) provide meaningful measures of accountability.

The author discusses the need to redefine the roles of staff and organizations in order for broad-based collaboration to occur between schools and human service agencies, with a focus on meeting individual children's needs and increasing child and family participation.

Bernheim, K.F. (1989). Psychologists and families of the severely mentally ill: The role of family consultation. *American Psychologist, 44*(3), 561-564.

Key Words: family stress, family support, consumer satisfaction, family involvement, mental health, role clarification

Bernheim discusses the principal role of the family in the treatment of individuals with severe mental illness which is indicated by research, but often ignored in practice. She points out that traditionally relatives have received blame rather than support, and family stress has been under-assessed. Surveys of family members indicate high levels of dissatisfaction with mental health professionals whose adherence to a medical model overlooks the interactions between patients and their social networks.

The author discusses the types of services families of individuals with mental illness find helpful. These include information and education, emotional support and being able to participate in treatment planning. Bernheim describes the presumptions based on family strengths and competence which underlie a "family consultation" model for family therapy.

In order to train psychologists for a family consultant role, revisions in curriculum are suggested that would incorporate information on biological aspects of psychotic illness, family issues, stress-adaptation theory and the role of non-professional support groups and advocacy activities. The author also proposes engaging family members to serve

as consultant-educators in the classroom setting and involving families in the development of new curricula.

Bloom, B.L. & Parad, H.J. (1976). Interdisciplinary training and interdisciplinary functioning: A survey of attitudes and practices in community mental health. ***American Journal of Orthopsychiatry, 46*****(4), 669-677.**

Key Words: interdisciplinary team, team model, barriers

Bloom and Parad briefly discuss the advantages of interdisciplinary training for mental health professionals in community mental health settings. The interdisciplinary team approach establishes a variety of professional resources for shared problem solving, enhances organizational effectiveness, and improves service delivery.

The article focuses on the results of a survey of community mental health center staff and training directors which identified patterns of professional interaction and assessed attitudes toward interdisciplinary practice. The article includes scale items used to assess attitudes toward interdisciplinary functioning and training.

Interdisciplinary functioning was found to be the rule rather than the exception in community mental health centers, although there were significant differences by profession in time devoted to interdisciplinary work and accompanying attitudes toward its value and practice. Barriers to interdisciplinary functioning are discussed by the authors, and it is suggested that a more detailed analysis of team functioning is needed as well as more information about specific outcome advantages of interdisciplinary practice.

DiMeo, P.A. & Pasquarelli, P.A. (1981). Enhancing parental involvement on multidisciplinary teams. ***The Journal for Special Educators, 18*****(1), 39-44.**

Key Words: family involvement, interdisciplinary team, special education

Despite the mandate for parental involvement on the multi-disciplinary team (MDT) within Public Law 94-142, The Education for All Handicapped Children Act, the actual role ascribed to parents by professionals has been a limited one. The author challenges special educators to increase the level of parental involvement on the MDT, especially regarding a child's individualized education program (IEP). A list of practical recommendations for special educators by Vautour and Rucker (1977) is provided to promote a parent-oriented perspective and increase interaction among MDT members. A list of published resources is also given to aid special educators who work with parents of children with disabilities. The author discusses positive outcomes from the involvement of parents on MDT and IEP discussions which provide rationales beyond compliance with the legal mandate.

Friesen, B.J., Koren, P.E. & Koroloff, N.M. (1992). How parents view professional behaviors: A cross-professional analysis. *Journal of Child and Family Studies, 1*(2), 209-231.

Key Words: professional issues, parent-professional collaboration, child mental health, family involvement

Whereas many articles omit the element of family participation in discussions of interdisciplinary collaboration in child mental health, the family role is the focus of these authors. The article begins with a summary of recent developments in child mental health services which include family participation and parent-professional collaboration. Professionals involved in collaboration with families adopt a less-blaming, more supportive attitude toward family members, and include them as partners in decision-making and advocacy efforts. Despite the positive focus, there remain barriers to the parent-professional relationship which require attention.

The authors report on a study which examines the responses of parents of children with serious emotional disorders to questions about professional behaviors they value and the extent to which these behaviors occur. Responses are considered across professions and suggestions are made for changes in professional practice and training. A literature review summarizes other recent studies related to the area of family participation in child mental health.

Study results indicate a significant relationship between family characteristics (income, education and minority status of the child) and the type of professional helper most closely involved with the family. Parents tend to value the same behaviors, particularly honesty, respectful attitude and supportive attitude, regardless of profession. Sixteen behaviors are listed. The study provides a useful tool for professionals who seek to understand parent expectations and responses to professional services and to improve relationships with parents.

MacFarquhar, K.W., Dowrick, P.W. & Risley, T.R. (1993). Individualizing services for seriously emotionally disturbed youth: A nationwide survey. *Administration and Policy in Mental Health, 20*(3), 165-174.

Key Words: interagency collaboration, mental health, individualized services, family-centered, team model, flexible funding

The authors present the results of a national survey which identified the features of and challenges to individualized approaches to services for youth with serious emotional disabilities and the status of the trend to improve services. Existing programs currently using individualized approaches were surveyed and thirteen features were found necessary and interdependent. The authors list and discuss these features: individualized program services tailored to fit the youth; youth and family centered services; flexible funding; unconditional care policies; a treatment team for collaborative planning and management; normalization emphasis; community-based approaches; intensive case management; adequate funding; a less restrictive treatment focus; accountability; services based on outcome data; and specifically trained and supported staff.

Ninety-three percent of the programs surveyed reported using an interagency team approach, the most-mentioned single factor contributing to success of individualized programs. The greatest challenge to implementation of an individualized approach is

re-educating and changing attitudes of providers who have been trained in traditional component-based thinking. All of the programs surveyed reported flexible funding and freedom to design services beyond traditional mental health programs.

Pfeiffer, S. I. (1980). The school-based interprofessional team: Recurring problems and some possible solutions. *Journal of School Psychology, 18*(4), 388-394.

Key Words: education, interprofessional team, interdisciplinary collaboration, barriers, strategies, school-based services, role clarification, training

The author discusses the benefits of the mandated interprofessional team approach to school-based evaluation and placement for children with special needs. He goes on to address four problem areas which interfere with effective team functioning: (1) minimal involvement of parents and classroom teacher; (2) unsystematic collection and analysis of diagnostic information; (3) loosely defined decision making/planning process; and (4) lack of interdisciplinary collaboration.

Ten strategies aimed at remediating the four problem areas are briefly presented and discussed: shared responsibility among team members; continuous consulting support to program implementors; incentives and positive sanctions such as provision for baby-sitting and substitute teaching; meetings to discuss feelings and difficulties; regular program feedback and evaluation; clear and formalized structuring of interprofessional teams; more comprehensive and broad-based evaluation in intervention systems; role clarification within interprofessional teams; public relations communications of team effectiveness; and inclusion of interprofessional collaboration training in university curricula.

Roberts, R.N. & Magrab, P.R. (1991). Psychologists' role in a family-centered approach to practice, training, and research with young children. *American Psychologist, 46*(2), 144-148.

Key Words: parent/professional collaboration, interdisciplinary team, interdisciplinary training, family strengths, psychology, medical school, family-centered

The authors challenge psychologists to join with other health professionals in providing services to children with special needs that focus beyond the individual and include family-centered, community-based and coordinated care. Ecological models available in other professions have not thus far impacted the practice of mainstream psychology. The approach presented here integrates psychology with other health and education disciplines in providing family-centered services while utilizing various therapeutic approaches.

The authors describe the principles which guide the practice of their paradigm of family-centered child psychology. These include concepts of treating the child in the environmental context, interdisciplinary care, parent-professional partnerships, cultural sensitivity and use of community resources.

The role of the psychologist is discussed in light of the mandates of Public Law 99-457. A detailed discussion of the parameters to be considered in planning a child's psychological assessment and intervention is provided. Implications for the training of psychologists using the family-centered model are presented by the authors. They

encourage training programs to provide the needed emphasis on infant psychology in coursework and field practice with families outside of clinical settings. A case is made for involvement of parents as teachers in medical schools. Institutional support is needed to promote faculty and student participation in interdisciplinary team training in infant care. It is pointed out that because the family centered model departs from the traditional person-centered model, new research-based knowledge is required for legitimate integration into practice. Specific topics of needed research are discussed.

Spencer, M.H. (1984). Assessing the impact of interprofessional education on the attitudes and behaviors of practicing professionals. ***Dissertation Abstracts International, 45*****(1), 97-98.**

Key Words: interprofessional education, professional issues

This is an abstract of a doctoral dissertation carried out at The Ohio State University which describes a study assessing the impact of interprofessional educational experiences on the attitudes and behaviors of professionals. Most respondents of a survey reported engaging in interprofessional activity either on an on-going team situation or a one-time issue-specific collaboration. Level of interprofessional activity was shown to vary positively with participation in interdisciplinary education. A clear relationship pattern between interdisciplinary course participation and professional attitudes, beliefs and behaviors was indicated.

SECTION V

ELEMENTS OF TRAINING PROGRAMS FOR INTERPROFESSIONAL COLLABORATION

Abramczyk, L.W. (Ed.). (1989). *Social Work Education for Working with Seriously Emotionally Disturbed Children and Adolescents.* Columbia, S.C.: College of Social Work, University of South Carolina.

Key Words: social work education, child mental health, professional training, CASSP

This 114-page monograph presents papers from a symposium on social work and education sponsored by the National Association of Deans and Directors of Schools of Social Work (NADDSSW) held in Charleston, South Carolina in April 1989. The symposium and the publication were designed to examine professional training for social workers to work in children's mental health. The introduction by Lois Abramczyk presents the specific areas of focus: 1) the extent of a research base in social work education and practice; 2) preparation of students to work in community-based service programs; 3) attention to prevention; 4) the range of modalities in which training is offered; and 5) the barriers to inclusion of child mental health in curricula.

The goals of the symposium included the identification of model educational programs in child mental health at several levels of social work education, the development of a strategy to promote enhanced child mental health training in social work, and the development of recommendations for strengthening child mental health education. The introduction includes a summary of the symposium discussions in four areas: definitional issues; service needs; research and education; and faculty development. Recommendations for strategies to enhance social work education in child mental health are presented.

The first paper, "The Jericho Principle: Lessons from Epidemiological Research" by Gary B. Melton examines epidemiological research related to children's mental health and the implications of the research for planning services for children. These implications include "tearing down metaphorical walls" between the various child serving systems. James K. Whittaker's paper, "Creating Responsive Services for Severely Emotionally Disturbed Children and Their Families: Challenges for Social Work Education and Practice," reviews the principles which are the basis of the National Institute of Mental Health's Child and Adolescent Service System Program (CASSP). He examines the ways that CASSP principles have been a catalyst for system change and suggests five different helping roles which define and operationalize the social worker's tasks in child mental health: therapist/counselor; educator/skills teacher; broker of services and resources; advocate; and network/system consultant.

Carolyn Thomas's paper, "Research on Severely Disturbed Children and Adolescents: Treatment and Outcome," examines the research on the outcomes of various kinds of residential and non-residential treatments for children with serious emotional disorders. She concludes that interventions are rarely delineated clearly and there is a need for further research related to preventive and interventive work with families. In "Child Mental Health Training in Schools of Social Work: A National Survey," Barbara J. Friesen presents findings from a study of child mental health training at three levels of social work education. Findings from the study lead the author to conclude that "very few programs offer a focused, integrated program that provides students with population-specific knowledge and skills." She suggests that social work educators need guidelines concerning the knowledge and skills appropriate for practice in children's mental health, and frameworks within which classroom and field experiences can be developed.

"Education and Training for Social Workers Serving Mentally Ill Children," by Donald Brieland and Wynne S. Korr examines education for social work practice in children's mental health and presents a set of proposals to expand training efforts. The final

paper, "Faculty Development in Social Work Education: Preparing Social Work Students for Work with Seriously Mentally Ill Children and Adolescents," by Grace E. Harris addresses strategies to develop competent faculty to provide leadership in education for working with children with serious emotional disorders.

Although this monograph does not address interprofessional collaboration per se, it is included in the annotated bibliography because it is a unique publication which examines the state of education and training in social work for children's mental health and promotes attention to this special focus.

Amaya, M. & Burlingame, W.V. (1988). Training child psychiatrists and child mental health professionals to serve chronically mentally ill youth. In Looney, J.G. (Ed.), *Chronic Mental Illness in Children and Adolescents* (pp. 161-176). Washington, DC: American Psychiatric Press, Inc.

Key Words: training program, child psychiatry, mental health, family involvement

The authors begin this chapter with an historical review of the field of child psychiatry, emphasizing the reasons psychiatrists generally have not dealt effectively with youth with the most serious disabilities. They cite a survey, Project Future, which indicated that in 1980 nearly 60 percent of child psychiatrists spent 75 to 100 percent of their time in outpatient settings with children who were mildly to moderately disturbed. One recommendation prompted by this survey is that training for child psychiatry should begin to emphasize the needs of these children and adolescents and their families.

Amaya and Burlingame propose that training programs for child psychiatrists and other mental health practitioners who work with children (social workers, clinical psychologists, and psychiatric nurses) include the traditional elements of clinical training combined with elements of client and family support and realistic goal setting. The authors promote flexible goals based on strengths because this strategy not only benefits the child but also rewards the professional. Public advocacy for children who have serious mental health disorders is a positive addition to clinical skills.

The authors purposefully do not define a specific training curriculum but do propose an experiential component, a multidisciplinary focus, traditional content, and treatment-based training sites. The chapter includes a description of a case study.

Bailey, D.B. (1989). Issues and directions in preparing professionals to work with young handicapped children and their families. In Gallagher, J.J., Trohanis, P.L. & Clifford, R.M. (Eds.), *Policy Implementation and P.L. 99-457: Planning for Young Children With Special Needs* (pp. 97-132). Baltimore, MD: Paul H. Brookes.

Key Words: personnel development, early intervention, training, interdisciplinary team

Included within Public Law 99-457, The Education of the Handicapped Act Amendments of 1986, is the mandate for a comprehensive system of professional development. The author specifically addresses the unique preparation of professionals who work in early intervention with infants and preschoolers with disabilities. Bailey argues that work with this population of young children requires specialized

professional training because of the developmental characteristics of the children served, the complexity of the early intervention context and the central role of families.

Because early intervention involves professionals from multiple agencies, critical skills for early childhood professionals include the ability to participate effectively on multidisciplinary teams. The author describes in detail the mission, roles and contact settings of the various professionals who serve infants and preschoolers with disabilities.

Bailey proposes personnel development for professionals who work with young children with disabilities which includes 1) training to focus on early childhood, 2) educational collaboration among disciplines, 3) combining of clinical training programs and 4) development of new interdisciplinary curricula. He indicates barriers to implementation of effective pre-service and in-service training as time, finances and professional attitudes opposed to change. Possible theoretical frameworks for organization and evaluation of training programs are described. The author stresses the need for interdisciplinary training endeavors to follow principles and procedures found successful in research literature, and cites as an example a program described by Casto (1987).

Bennett, F.C. (1982). The pediatrician and the interdisciplinary process. *Exceptional Children, 48*(4), 306-314.

Key Words: child development, interdisciplinary collaboration, medical school, professional issues

The author begins by describing the historical background to pediatric involvement in the interdisciplinary process. He discusses numerous medical and societal changes that have resulted in the pediatrician being involved in problems of a public and community health nature (e.g., accident, burn and poisoning prevention; child abuse and neglect), treatment of chronic handicapping conditions and concerns about development and behavior. Early intervention programs involve professionals from a variety of disciplines.

Four interdisciplinary settings (the child diagnostic clinic, the neonatal intensive care unit and follow-up clinic, specialty clinics serving children with disabilities and schools), the mechanisms of the interdisciplinary process and the role of the pediatrician are described.

The Task Force on Pediatric Education of 1978 outlined four broad areas of contemporary pediatric care which were underemphasized in most medical school programs: (1) developmental, behavioral, biosocial pediatrics; (2) handicapping conditions and chronic illness; (3) adolescent medicine; and (4) nutrition. In addition to new emphases in these areas, residents currently receive training in interdisciplinary team process in various settings. The author describes the accompanying focus on interdisciplinary clinical research and collaboration. Final comments are devoted to a discussion of problems which face interdisciplinary practice including competition and professional turf issues, specialization and overlapping roles, philosophical differences and leadership disputes.

Brown, D.B., Goldman, C.R., Thompson, K.S. & Cutler, D.L. (1993). Training residents for community psychiatric practice: Guidelines for curriculum development. *Community Mental Health Journal, 29*(3), 271-283.

Key Words: interdisciplinary team, collaboration, integrated services, psychiatry, curriculum, community-based

The author provides background to the shift from hospital-based service and the development of community psychiatry. Despite the changes, a recent survey has found that residency programs lack basic curriculum needed to prepare psychiatrists to fill the shortages in community practice.

Community psychiatry is defined as emphasizing the integration of social and environmental factors with the biological and psychological components of mental health. Areas of community psychiatric practice discussed by the author are: (1) clinical, (2) consultative, (3) administrative and (4) academic. These areas require collaboration with professionals from other fields as well as with family and community supports.

Guidelines for the design of teaching programs are presented as a detailed description of curriculum content and knowledge objectives. Mention is made of the multidisciplinary team, consumer involvement, multidisciplinary comprehensive treatment plan, service to families, cultural sensitivity, multi-agency collaboration, shared resources and comprehensive service. Examples of community psychiatric training in Oregon and Wisconsin are described briefly.

Brunner, M.L. & Casto, R.M. (Eds.). (1987). *Interdisciplinary Health Team Care: Proceedings of the Annual Conference*. Columbus, OH: Ohio State University.

Key Words: interprofessional education, interdisciplinary collaboration, interdisciplinary team, curriculum, ethics

This 356 page publication includes the keynote address by David Thomasma, Ph.D., 33 referred papers and abstracts of six poster sessions presented at the annual conference which was co-sponsored by the School of Allied Health Professions and the Commission on Interprofessional Education and Practice at the Ohio State University. Dr. Thomasma's address was titled "A Code of Ethics for Interdisciplinary Care: A Working Paper," and was followed by a case presentation and interprofessional group discussion at the conference.

The papers presented in the conference proceedings are organized around the ten thematic conference sessions, and each section of the proceedings is preceded by an introduction written by the moderator of the session. The first two sections address "Team Development" and "Team Management Issues," respectively. Section 3 includes papers on "Patient Outcomes of Team Care" with different types of patients, while sections 4 and 5 focus on specific issues related to "Teamwork in Geriatrics." The next four sections address aspects of education for interprofessional teamwork: "Development of Interprofessional Educational Experiences"; "Teaching Models for Interprofessional Learning Experiences"; "Interprofessional Clinical Educational Experiences"; and "Interprofessional Education in Clinical Specialty Areas." The final section addresses "Evaluation of Interprofessional Experiences."

The proceedings provide a valuable combination of papers addressing general principles and guidelines for interprofessional education and practice, together with a number of specific program examples describing implementation issues for both collaborative human services programs and interprofessional training programs. Section 5 on the Development of Interprofessional Experiences is particularly useful for faculty and trainers who are involved in or plan to develop an interprofessional education program. The first paper, "Interdisciplinary Leadership Development," by Douglas and Gillespie describes a five-session interdisciplinary professional development seminar at the University of Connecticut for graduate students focused on leadership development. The paper outlines the theoretical base of the program and includes information about evaluation and application. "The Influence of Formal Preparation for Interdisciplinary Teamwork on Team Knowledge Levels" by Monroe-Clay presents findings from a research study which compared the acquisition of team knowledge by social work students in a multidimensional teamwork course and students in a human resource management course. The author concludes with recommendations for emphasis on teamwork in teaching human services personnel.

In their paper, "Interprofessional Education for Team Practice: Substance and System," Billups and Julia explore the concept of interprofessional team process and identify sub-process which team members deal with during the life of the team. They address the implications of the sub-processes to be considered in the education of health and helping professionals and in preparation for teamwork, and discuss specifically ways that the sub-processes are addressed in interprofessional education at the Ohio State University Commission on Interprofessional Education and Practice. Grant and Casto's paper, "A Conceptual Framework for Planning Interprofessional Education: Is the Key Content or Process?" contrasts a content-oriented curriculum model with a process-oriented model. The authors discuss the utility of each model for interprofessional education and conclude that there are important reasons for the Commission on Interprofessional Education and Practice's choice of a process model.

These conference proceedings provide a variety of perspectives on interprofessional practice and education. The publication is valuable because it addresses important issues at theoretical and philosophical levels, as well as providing a number of program examples illustrating challenges and strategies in the development of collaborative programs. Undoubtedly, the Ohio State University Commission on Interprofessional Education and Practice has done pioneering work in education for collaboration, but we believe that their model would be enhanced by an expanded focus which incorporates collaboration with consumers of services and their family members.

Casto, R.M., Nystrom, E.P. & Burgess-Ellison, J.A. (1986). Interprofessional collaboration: Attitude changes among students engaged in interprofessional education. In Lipetz, M.J. & Suvada, M. (Eds.), *Interdisciplinary Health Team Care: Proceedings of the Seventh Annual Conference*, (pp. 201-216). Chicago, IL: Center for Educational Development, University of Illinois at Chicago.

Key Words: interprofessional education, professional issues, conflict

This article encourages the development of curricula in professional education which builds upon the commitment and values basic to an interprofessional approach rather than the maintenance of an exclusive professional identity. A description is given of interprofessional education as well as a theoretical explanation of attitude formation and change.

The authors discuss assumptions which inform the content of interprofessional education at Ohio State University and describe a seminar conducted on interprofessional care consisting of students and practicing professionals. They report the results of a study of participants' pre- and post-seminar attitudes about the value of interprofessional care, team practice and other professionals. It was found that the course generally confirmed already established values in students and professionals. An exception was a change in attitude toward the role of conflict in relation to interprofessional practice and its importance in problem-solving. Participants were found to develop a more positive attitude toward other professions.

Cohen, E. & Ooms, T. (1993). *Training and Technical Assistance to Support Family-Centered, Integrated Services Reform.* Washington, DC: The Family Impact Seminar, American Association for Marriage and Family Therapy Research and Education Foundation.

Key Words: training example, family-centered services, in-service training, university, barriers, licensure, interprofessional education

This monograph is the fourth in the series, *Coordination, Collaboration, Integration: Strategies for Serving Families More Effectively*. The report presents meeting highlights and a background briefing report from a policy seminar focused on training issues, one of a series entitled "Family Centered Social Policy: The Emerging Agenda," conducted by the Family Impact Seminar of the American Association for Marriage and Family Therapy Research and Education Foundation. The purpose of the seminar was to describe innovative training programs that focus on interprofessional and family-centered forms of service delivery in the public sector and to discuss some of the issues, barriers, and challenges.

The Background Briefing Report includes sections which address current trends, selected activities, and issues and questions in four major areas: university-based training, in-service on-the-job training, training for new careers and technical assistance. In each section there are descriptions of the activities of a number of initiatives that promise to have sustained impact. Part V describes nine statewide in-service training efforts which are an integral part of ongoing reform initiatives. Part VI reviews recent trends in federal training programs and suggests ways in which the federal government could play a constructive leadership role in promoting training for collaboration in integrated family-centered services. Identifying information about the organizations sponsoring the training initiatives described and other organizational resources, together with a list of key references are given in the back of the report.

In addition to presenting summary information about specific training efforts around the country, the report identifies key issues and questions about each approach to training. Key questions in innovative preservice (university-based) training relate to the balance between generalists and specialists, and between training focused on families and the specific needs of individuals. Another key question relates to strategies to recruit culturally diverse populations to enter interprofessional training programs. Challenges include the academic and state certification barriers to collaborative training and the inhibiting effects of professional accreditation standards on new forms of training. Major barriers to effective in-service training are the limited resources allocated to training by policy makers, the lack of trained on-site staff to follow up on training efforts, and union resistance where training is linked with changing job responsibilities. The report concludes with recommendations for an expanded federal role in promoting training for interprofessional collaboration.

For program administrators and training coordinators who are interested in developing and implementing training for collaboration in human services, Cohen and Ooms' report is a valuable resource guide. The extensive lists of organizational resources, implementation guides, best practices guides and selected references will be useful tools in the development of sound training programs at all levels.

Cunningham, L.L., Spencer, M.H. & Battison, S .(1982). Expanding professional awareness: The Commission on Interprofessional Education and Practice. ***Mershon Center Quarterly Report, 7*****(4), 1-7.**

Key Words: interdisciplinary collaboration, interprofessional education, Ohio State University, training program

The authors begin with an introduction to the purpose of the Commission on Interprofessional Education and Practice of the Ohio State University which offers courses and conferences involving seven disciplines: education, law, social work, medicine, nursing, allied medicine and theology.

The author presents a case study to illustrate the need for an interdisciplinary approach to complex problem situations rather than increased specialization within professions. Formal interprofessional education must be developed in order to encourage growth of interprofessional practice. The authors provide a history of the development of interdisciplinary education and of the Commission, explain its organization and illustrate its work.

A description is given of four current credit interprofessional courses offered at Ohio State University and a list of past conference topics. Elements of assessment and program expansion are discussed.

Diamond, R.J., Factor, R.M. & Stein, L.I. (1993). Response to "Training Residents for Community Psychiatric Practice", ***Community Mental Health Journal, 29*****(3), 289-296.**

Key Words: psychiatry, implementation, professional issues, medical school, community-based

The authors affirm the position of Brown, et.al. (1993) who advocate for effective training programs in community psychiatry. In this article they seek to address other issues beyond curriculum development regarding the training of community psychiatrists:

(1) Encouraging the implementation of effective community psychiatry training programs. This would include residency programs with a community psychiatrist as supervisor.

(2) Developing an effective role for a community psychiatrist. The leadership role of psychiatrist is a subject of disagreement among professions, and training must prepare psychiatrists to be comfortable with influence rather than control. The need is to develop a role which utilizes psychiatric expertise without discounting the knowledge of non-medical colleagues.

(3) Attracting professionals to work with individuals who are poor and disenfranchised. Psychiatrists who choose to work in community practice receive lower salaries than their colleagues who work among wealthier populations, but higher salaries than fellow workers from other professions.

(4) The conflict between medical training and the development of a community psychiatrist. Whereas medical school teaches the student to be independent, in charge, and seeking a cure for patients, community work involves affiliative skills, interdependence among members of a multidisciplinary team and rehabilitative treatments. It is important for faculty members with experience in community psychiatry to address these issues in coursework and in supervision.

Fenichel, E. S. & Eggbeer, L. (1990). ***Preparing Practitioners to Work with Infants, Toddlers and Their Families: Issues and Recommendations for Educators and Trainers.*** **Arlington, VA: National Center for Clinical Infant Programs.**

Key Words: training program, principles, professional competence, family-centered, family involvement, licensure, parent-professional collaboration

This is one of four well-presented and informative booklets prepared by the TASK (Training Approaches for Skill and Knowledge) Project of the National Center for Clinical Infant Programs. This volume is intended for individuals who educate and train professionals to work with children under three and their families. In Part One the authors highlight four key elements of training for infant/family practice: (1) common knowledge base and terminology across professions, (2) opportunities for direct observation and interaction with a variety of young children and their families, (3) individualized supervision to allow reflection upon all aspects of work, and (4) collegial support during training and throughout professional life. Each element is discussed in depth and training implications are included.

Part Two is concerned with four aspects of the relationship between training and demonstrated competence: (1) mastery of relevant knowledge; (2) adaptation of knowledge, skills and service approaches to particular circumstances and needs; (3) use of self-knowledge in collaboration with families and colleagues; and (4) continuing growth through study, research and reflection. Ways in which general competencies may be reflected in professional activities are explored using examples of the child care provider, early childhood special educator and neonatologist. In Part Three, certification and program issues are discussed and suggestions given for improvement of training based on the key elements for training. Eleven specific training programs are described and a resource list is provided of professional and interdisciplinary organizations.

Friesen, B. (1989). Child mental health training in schools of social work: A national survey". Paper from a symposium on Social Work Education for Working with Seriously Emotionally Disturbed Children and Adolescents, sponsored by the National Association of Deans and Directors of Schools of Social Work, held in Charleston, South Carolina, April 1989.

Key Words: social work, child mental health, family involvement, training program, curriculum, flexible funding

This paper focuses on a study examining the preparation of social work students to work with children with serious emotional disorders and their families. The author reviews the policy shifts of recent years and their impact on service delivery in education, child welfare and child mental health. Programs are cited which seek to specifically train various professionals to work with children with emotional disorders, and related studies are discussed.

Current practice in child mental health is informed by principles which encourage comprehensive systems of service and emphasize interagency and cross-system collaboration, flexible funding strategies, and family involvement. The current fragmented service system and the complexities of child and family needs require social work students to gain specialized knowledge as well as a working knowledge of a wide range of services and systems.

Study findings are described which concern social work curriculum content and topics relevant to child mental health preparation, field practicum content, barriers to specialization and funding factors. Results of the study suggest that the core social work curriculum provides a solid general foundation for specialization for working with children with emotional disorders and their families, but little curriculum is population-focused. The author describes nine social work programs which do offer specialization designed to prepare students for work with children who have emotional disorders and their families.

Jacobs, L.A. (1987). Interprofessional clinical education and practice. *Theory Into Practice, 26*(2), 116-23.

Key Words: field education, interprofessional education, team model

The article addresses the question of whether clinical education is appropriate for interprofessional training. The author compares the "clinical model" which involves students in field placements where practice involves interprofessional teams, with the "seminar model" in which students are assigned reading, case studies are developed and classtime is devoted to discussion and simulation exercises. Four educational objectives (theory, skills, practice, and self-perception) are discussed in light of both models to illustrate differences.

A description is offered of a pure interprofessional clinical model in which students participate as part of an interdisciplinary team serving clients. The implementation of this model is limited by factors of student professional skill level, knowledge of team dynamics, appropriateness of setting, and commitment to client. Additional faculty time is required for close supervision and support. The author offers a full description of a course offered by The Ohio State University as a "vicarious model" in light of difficulties in operationalizing the pure clinical model. Students observe interprofessional teams in actual settings and process observations through classroom

discussion and simulation, thus giving first hand experience, within a controlled learning environment.

Karno, M. (1993). Comment on "Training Residents for Community Psychiatric Practice: Guidelines for Curriculum Development". *Community Mental Health Journal, 20*(3), 285-287.

Key Words: psychiatry, training program, university, medical school, community-based

The author responds to an article by Brown, et.al. (1993), from the point of view of a residency training director who sees departmental leadership in medical schools as essential for change which promotes effective training for community psychiatry. He sees the objectives most realistically obtainable in post-residency fellowships which involve university-community agency partnerships. Because training needs for the community setting include psychiatric sub-specialities in affective and anxiety disorders, highly prevalent among persons who are homeless and mentally ill, as well as schizophrenia, the extensive clinical and psychopharmacologic experience would not leave time for some of the community-specific training guidelines suggested by Brown et. al. during psychiatric residency. The author calls for institutional support for faculty who are committed to community psychiatry.

Lefley, H.P., Bernheim, K.F. & Goldman, C.R. (1989). National forum addresses need to enhance training in treating seriously mentally ill. *Hospital and Community Psychiatry, 40*(5), 460-462, 470.

Key Words: training program, guidelines, mental health, family involvement, professional issues

The authors indicate that although professionals who work in the community with persons who have chronic mental illness must be able to incorporate into treatment the contributions and strengths of family members and other natural support systems, surveys show that this emphasis receives low priority in training programs. They report on a conference of clinical educators in psychiatric nursing, psychiatry, psychology and clinical social work who met to discuss and emphasize the need to train professionals to work with persons who have serious mental illness.

Key issues explored at the conference are listed and briefly discussed. They include: motivating student interest, encouraging faculty development, developing curricula, enhancing the role of consumer and families, promoting continuing education and in-service training, involving professional organizations, and defining the role of state mental health agencies. The authors examine barriers to change including a continued emphasis in training programs on psychodynamic models for treating mental illness, and parochialism and turf battles among professionals.

Conference participants agreed that professional training programs should prepare students for work with persons with serious mental illness based on a model of family consultation and consumer involvement. Finally, the authors provide a list of recommendations.

Loxley, A. (1980). Training across the health/social services professional and organizational boundaries: A study of multidisciplinary in-service training in the interests of health care. *Social Work Service, 24*, 35-52.

Key Words: in-service training, health care team, interdisciplinary, British

The author reports on her highly practical qualitative study of multi-disciplinary in-service training programs in sixteen health care-related agencies in London, England. From personal interviews she gathered information regarding courses and participants, course models, philosophy and methods, difficulties, helpful stratagems to overcome difficulties and situations when the multi-disciplinary approach is not appropriate. Each receives a full discussion.

Major issues which emerged from the study and are examined include: lack of participation by doctors on multi-disciplinary in-service courses; questions about evaluation and transferability; and lack of specificity about multi-disciplinary work and cooperation. Examples from the interviews illustrate the discussion. The need for joint training of students is expressed by the author and she cites progressive programs.

National Center for Family-Centered Care. (no date). *Physician Education Forum Report*. Washington, DC: Association for the Care of Children's Health.

Key Words: family-centered, medical school, parent-professional collaboration, community-based, curriculum

This 45-page publication is a report of a 1989 forum of families and professionals sponsored by the Association for the Care of Children's Health. The forum was arranged to bring together parents and professionals to discuss how family-centered approaches to the care of children with disabilities can be integrated into all aspects of medical education, including medical school, residency, and continuing education. The structure of the report parallels the organization of the forum. Chapter 1 identifies the key elements of family-centered care, while Chapter 2 describes the need for more attention to family-centered aspects of care in physician education and training. Chapter 3 summarizes participants' discussions of the qualities and knowledge necessary for a physician to practice with a family-centered approach, and explores the implications for training. Barriers and obstacles to educating family-centered physicians are presented in Chapter 4. Possible solutions are proposed and a number of exemplary programs and models in Vermont, Rhode Island and California are described in Chapter 5. Chapter 6, "Future Directions" presents recommendations suggested by individual forum participants. The authors note that the forum was not conceived of as an end in itself, but as a first step to promote the education and training of family-centered physicians.

Chapter 3 of the report is of particular interest because of its attention to communication, collaboration, and knowledge of community resources as essential elements of the knowledge and skills needed for family-centered practice. Skills in communication with families -- particularly culturally diverse families are highlighted -- together with the attitudes and skills for collaboration with other professionals and non-professionals in the network of providers. Forum participants also emphasize the importance of physicians being knowledgeable about local family support networks, the key players and organizations in the local community, and how families can access the services they provide.

Recommendations from the forum address the need for changes in the accreditation process for training programs to incorporate attention to family-centered care, community-based training opportunities for all residency programs, and the use of parents (with adjunct faculty appointments) and professionals from other disciplines as training resources for physicians.

The disciplines mentioned in forum discussions are medicine, nursing, psychiatry, child life, social work, and early intervention, although the main focus is on physician education. Despite its medical focus, this publication is important in the wider arena of family-centered care because of its focus on bringing together parents and professionals, and its inclusion of several distinct aspects of training, including accreditation, residency, the training process and curricula.

Pugach, M.C. & Allen-Meares, P. (1985). Collaboration at the preservice level: Instructional and evaluation activities. ***Teacher Education and Special Education, 8,*** **3-11.**

Key Words: school-based services, interprofessional collaboration, training, children with disabilities, university

The authors address the need to prepare school-based professionals to work together to meet the needs of children with learning and emotional disabilities by advocating for interdisciplinary collaboration training at the pre-service level. They explain the important distinction between consultation and collaboration, and the unresolved issues which often arise between professionals when inequality of contribution is implied.

Fourteen instructional activities are presented and described which serve as practice tools for exploring, modeling and rehearsing interprofessional collaboration in programming for students with disabilities. The authors challenge university-based educators to develop programs which train professionals to have mutual respect in order to avoid the perpetuation of a troubled system which may contribute to difficulties of children in schools.

SECTION VI

PROGRAM AND TRAINING EXAMPLES

Addleton, R.L., Tratnack, S.A. & Donat, D.C. (1991). Hospital-based multidisciplinary training in the care of seriously mentally ill patients. *Hospital and Community Psychiatry, 42*(1), 60-61.

Key Words: interprofessional team, training program, collaboration, mental health

This practical article describes a four-week multidisciplinary program in Virginia intended to familiarize students in the fields of medicine, psychiatric nursing, occupational therapy, pharmacy, psychology and social work with the full spectrum of care for persons with serious mental illness in the state hospital setting. The authors review research findings concerning multidisciplinary approaches to training and discuss student and staff evaluations of the specific program.

The planning committee was composed of hospital staff, university faculty and representatives of mental health advocacy groups. Goals were: (a) to improve the training of mental health professionals and to recruit them into public mental health settings, (b) to increase collaboration between college faculty and mental health professionals in order to address patient interests in teaching and research, and (c) to provide focus for understanding and collaboration among members of multidisciplinary treatment teams. Students assigned to a treatment team observed and participated in work on the wards and attended staff meetings, commitment hearings and community programs. Members of the Alliance for the Mentally Ill and former patients were invited lecturers.

Students rated the program highly and indicated that they gained extensive learning in the field of mental health. As a result of the training, they reported that they were more likely to seek a career working with patients with severe mental illness. Staff reported benefiting from student viewpoints and from collaboration with team members in the teaching effort.

Bailey, D.B., McWilliam, P.J. & Winton, P.J. (1992). Building family-centered practices in early intervention: A team-based model for change. *Infants and Young Children, 5*(1), 73-82.

Key Words: family-centered, early intervention, team model, family involvement, interprofessional team

The authors discuss barriers to implementation of family-centered services for infants and toddlers with disabilities. Currently, programs tend to be child-focused, professionals receive little training in working with families, and the family care concept is not clearly defined in a set of procedures. A comprehensive, long-term approach is advocated in order to facilitate meaningful reform of early intervention practices. The authors present a model, incorporated into a workshop format which provides a structure and framework for a family-centered approach to practice. The model consists of five components: (1) team-based training, (2) parent-participation, (3) decision-oriented format, (4) guided decision-making and goal-setting activities, and (5) effective leadership. The authors provide a rationale for each component and a full discussion of the model.

Family participation receives central focus in this article, not a mere mention. Better service to children and families is the intent of the collaborative effort, and although participants in the process, families are not viewed as interprofessional team members, but as advisors.

Brandt, P.A. & Magyary, D. L. (1989). Preparation of clinical nurse specialists for family-centered early intervention. *Infants and Young Children, 1*(3), 51-62.

Key Words: children with disabilities, family-centered, training program, curriculum, parent-professional collaboration, community-based, University of Washington

The authors report on the graduate training of clinical nurse specialists to function in roles across settings and systems in order to meet the challenges of health care for children with special needs and their families. The specialist is prepared to respond to health problems and the associated family and community concerns in order to develop an individualized plan of care. Of particular importance is the interdisciplinary and family framework in which a nursing specialist in early intervention operates. Maximum functioning of the child and family is promoted when multiple professionals and community resources collaborate with them. The author discusses concepts critical to the community-based approach, individualized service planning and parent-professional collaboration.

The graduate program at the University of Washington is described as an example of a speciality curriculum focusing on children and adolescents with special health care needs. Three major aspects of the conceptual framework on which courses are based are explained: (1) professional foundations, (2) nursing and related sciences, and (3) modes of systematic inquiry. Intradisciplinary and interdisciplinary learning experiences are required of nursing specialty students and are integrated into coursework. The author provides a thorough discussion of the merits of the specialty program as a means of addressing the needs of children with special needs and their families. An appendix is included listing course descriptions.

Casto, R.M. (1987). Preservice courses for interprofessional practice. *Theory Into Practice, 26*(2), 103-109.

Key Words: interprofessional education, Ohio State University, interprofessional team

In this article the author discusses the usefulness of preservice courses for students and practicing professionals as a means of enhancing interprofessional practice. He discusses in detail elements of the Ohio State University model of interprofessional education. A rationale for interprofessional collaboration is provided as well as a summary outline for interprofessional courses.

Casto highlights the importance of the interprofessional collaborative effort in the planning and teaching of interprofessional courses. The interdisciplinary focus involves students from the various disciplines at the graduate level and among professionals in continuing education. Case studies are used to focus attention on the process of interprofessional collaboration and development of related skills. Students participate in professional groups with the relevant faculty member to enhance professional competence, then discuss cases as part of an interprofessional team.

The author indicates that the purpose of the collaborative effort is better service to clients, shared among the professions. He discusses neither the implications of including the client system as a member of the collaborative team nor the need for enhanced communication between clients and their families and professionals.

Casto, R.M. & Julia, M.C. (1994). *Interprofessional Care and Collaborative Practice*. Pacific Grove, CA: Brooks/Cole Publishing Co.

Key Words: interprofessional collaboration, group process, team model, interprofessional education, policy

Ten authors associated with the Commission on Interprofessional Education and Practice at the Ohio State University worked as an interdisciplinary team to produce this useful book. The chapters reflect a variety of professional perspectives on the issues of collaborative practice: education, law, family, medicine, nursing, pastoral care and psychology, pediatrics and public health, and social work.

The book is divided into five parts. Part One, "A Way of Perceiving", provides a rationale and framework for interprofessional collaboration and discusses the nature of the helping professions, role identity and professional socialization. Part Two, "A Way of Understanding" examines the process of interprofessional practice. It thoroughly discusses the dynamics of group process and task/maintenance functions associated with collaborative teamwork. Part Three, "A Way of Responding" looks at methodologies of interprofessional practice, including how teams are structured and function, the long-term care and management of teams, interprofessional education and public policy formation. Part Five, "Resources", describes the tools of practice by examining different professional codes, ethical questions and the multi-dimensional nature of client problems. Case studies provide analyses of practice-related and ethical issues from an interprofessional perspective. Part Five, "Reflections", is devoted to a thorough description of the program for Interprofessional Education and Practice at the Ohio State University. The case study method of instruction is introduced.

The authors provide a practical examination of interprofessional team practice. The definition of profession however, is a limited one which does not include family participation, a critical inclusion for discussion of team collaboration in child mental health.

Coulter, M.L. & Hancock, T. (1989). Integrating social work and public health education: A clinical model. *Health and Social Work, 14*(3), 157-164.

Key Words: interprofessional education, social work, public health, curriculum, University of South Florida

The article discusses the origin and purpose of the University of South Florida's joint masters degree in social work and public health which concentrates on clinical practice with mothers and children. State law required expansion of social work and public health programs in the 1980's to meet the rapidly increasing public health needs of Florida. The joint degree program was in direct response to the serious problems of maternal and child health in Florida including infant mortality, perinatal drug addiction and perinatal AIDS, and the anticipated need for clinically oriented social workers with expertise in maternal and child health.

The author describes the curriculum and objectives, degree requirements and theoretical orientations of the University of South Florida maternal and child health degree in detail. The focus includes prevention as well as habilitation services.

The student is required to gain fundamental core skills of public health through courses in biostatistics, epidemiology, public health administration, and environmental and occupational health. Social work courses are substituted for studies in the social and behavioral sciences in public health. The maternal and child health curriculum includes required courses in principles of maternal and child health, women's health, child health, and health program development and the change process. The content equips students with an understanding of major health problems, necessary multidisciplinary responses, service delivery structure, methods of evaluating service delivery and current research data. The clinical focus of the social work component trains students to provide direct psychosocial services and environmental interventions, with courses addressing knowledge in these areas: adaptive processes, coping mechanisms and responses to life stresses; social systems as an integrating framework for relating environmental influences on psychosocial functioning; and organizational contexts of social work practice.

The differences in theoretical orientations between the two programs are mentioned as a source of conflict for participating students. Student interests, admission requirements, interfaculty collaboration and faculty appointments are discussed.

Courtnage, L. & Healy, H. (1984). Interdisciplinary team training: A competency - and procedure-based approach. ***Teacher Education and Special Education, 7,*** **3-11.**

Key Words: special education, interdisciplinary team, university, training program, University of Northern Iowa

The authors' purposes are to describe the interdisciplinary training program developed at the University of Northern Iowa (UNI) and to discuss the program's strengths and weakness from the perspectives of the participants. The program is intended to provide students in the field of education with consultation and team collaboration skills which will equip them to effectively participate on legally mandated multidisciplinary teams. A distinctive feature of the UNI training program is the competency- and procedure-based components which utilize an on-campus laboratory to simulate referral and staffing activities. Training activities are sequenced using competency-based criteria to measure student proficiency. Interpersonal skills are an important focus.

Assumptions of the UNI interdisciplinary training program include: (1) educators need to be familiar with community resources and services for children with special needs; (2) educators need skill in identifying children with special needs and referring them for services; (3) school personnel should be involved in developing and implementing strategies for children with special needs; and (4) educators need skill in interdisciplinary team participation, team tasks and procedures, and knowledge of roles of team members.

The UNI program design is described in detail regarding course work and on-campus practicum. The rationale for the on-campus laboratory-based practicum centers on a full range of pre-referral, referral and post-referral activities in an interdisciplinary context. The authors advocate for such training of all educators and a future extension of the training program to include interdepartmental cooperation.

Elmer, E., Bennett, H.G., Harway, N. Meyerson, E.T., Sankey, C.G. & Weithorn, L.A. (1978). Child abuse training: A Community-based interdisciplinary program. ***Community Mental Health Journal, 14*****(3), 179-189.**

Key Words: interdisciplinary training program, curriculum, evaluation, community-based

The authors provide a useful and generalizable description of a process of developing a community-based interdisciplinary training program to improve delivery of child abuse services. Community organization included provision of local funding for the planning, implementation and evaluation of the program: a one-day interdisciplinary seminar for professionals with responsibility for abused and neglected children and their families; the endorsement of agency administrators; and the selection of an advisory committee.

A multidisciplinary task force formulated the curriculum of the training program to fulfill four goals for participants: (1) to acquire a common body of knowledge about abuse; (2) to perceive abuse as an interdisciplinary problem; (3) to be exposed to methods of interdisciplinary management of abuse; and (4) to engage in follow-up efforts to deal collaboratively with problems related to children. The objectives and curriculum content for four three-hour sessions are explained and the implementation of the training program is described. Learning techniques included group dynamics exercises, sociodrama, case presentation and analysis, a professional resources panel and extensive group discussion.

Evaluation of the project by questionnaire indicated that participants gained knowledge in professional matters and understanding of contributions of various agencies and professions within the community as well as the psychology and treatment of child abuse issues.

Fine, G. & Borden, J.B. (1989). Parents Involved Network Project: Support and advocacy training for parents. In Friedman, R.M., Duchnowski, A.J. & Henderson, E.L. (Eds.) (pp. 68-78) ***Advocacy on Behalf of Children with Serious Emotional Problems*****. Springfield, IL: Charles C. Thomas, Publishers.**

Key Words: family involvement, child mental health, self-help advocacy group, training, organization, policy, parent/professional collaboration

The authors represent the Parents Involved Network Project (PIN), a parent-run, self-help/advocacy, training and information resource for parents of children and adolescents with emotional or behavioral disorders. This Pennsylvania organization has served as a model which has been replicated throughout the country. Initial goals of the organization are to end the isolation of parents of children with emotional disabilities, to give support, and to train them to become effective advocates for their children.

A study was conducted to trace continued connection with PIN of parents after initial goals were achieved. Areas discussed by the authors are: (1) the nature of parent participation; (2) parent perception of change within themselves as a result of participation; (3) parent impact on other parents and on policy development; and (4) challenges for parents who become involved in systems advocacy.

The authors discuss the Coping Skills Workshop, a ten-week series for parents on creative stress management and coping skills. They also highlight a new program, the result of parent/professional partnership in policy development in Pennsylvania, called Children's Intensive Case Management. The values of the working partnership are integrated into the service itself, viewing parents as partners in treatment planning and as "essential members of the treatment team with knowledge and experience about the child or adolescent which no one else possesses." (page 8).

Flaherty, L.T. (1991). State-university collaboration in child and adolescent psychiatry. *Hospital and Community Psychiatry, 42*(1), 56-59.

Key Words: mental health, training program, university, psychiatry

The focus of the article is on the training of psychiatrists to meet the needs of children and adolescents with emotional disabilities who are currently underserved in community settings. The author advocates for training programs to emphasize the roles of child and adolescent psychiatrists as teachers and trainers of other mental health professionals as well as consultants in community settings.

In order to accomplish this task and to involve child and adolescent psychiatrists in the mainstream of mental health services, universities should collaborate with state agencies. Such collaboration can bring about the inclusion of public sector settings such as schools, community mental health centers, juvenile justice facilities and child protective service agencies as appropriate sites for psychiatric residencies. Another consideration of the author is the need for a greater research base for child and adolescent psychiatry which would include public sector and non-hospital settings. The remodeling of training programs would focus on skill development in collaboration and cultural competence which reflect changes in accreditation requirements for child and adolescent psychiatry.

The author describes the training program in child and adolescent psychiatry at the University of Maryland which provides training in various public-sector sites and has been successful in attracting graduates for service in the public sector. The focus of the program is on the training of a psychiatrist to serve as expert in a non-medical setting, and not as an equal member of an interprofessional team serving the needs of children and adolescents with emotional disabilities.

Hooyman, G., Schwanke, R.W. & Yesner, H. (1980). Public health social work: A training model. *Social Work in Health Care, 6*(2), 87-99.

Key Words: interprofessional education, joint degree, public health, social work, curriculum, interdisciplinary team

The article describes the joint masters degree program in social work and public health (MSW-MPH) which began in 1976 at the University of Minnesota, and examines its implications for faculty and community professionals who are interested in developing similar programs. MSW-MPH students acquire competencies which are broader in experience than those acquired in either separate degree program and according to the authors, they become particularly well-equipped to deal with complex social and environmental health problems.

Goals and objectives of the University of Minnesota program concerning values clarification, understanding of concepts and terminology, macro level skills, integration of values and application to social-health settings are described by the authors. A full description of the curriculum design is given including two sample program plans. The author indicates the importance of a strong interdisciplinary faculty team to the functioning and success of the program.

Lefley, H.P. (1988). Training professionals to work with families of chronic patients. *Community Mental Health Journal, 24*(4), 338-357.

Key Words: mental health, training program, curriculum, field education, interdisciplinary, parent-professional collaboration, medical school

The author describes a transdisciplinary training program that prepares psychiatrists, psychologists and social workers to collaborate with families in addressing the needs of individuals with chronic mental illness in a community setting. She begins with background information regarding the shifts in professional-family interactions and treatment models and how these relate to clinical training. Psycho-educational interventions with families emphasize helping family members deal with the on-going stresses of chronic mental illness and supports them as major caregivers.

An outline and description is given of three core curriculum elements of the Collaborative Family Training Project at the University of Miami School of Medicine. (1) The didactic component emphasizes a coping and adaptation model and introduces students to topics covering the experience of mental illness, theories of family role in mental illness, problem management, supportive counseling and resource training. (2) Direct practicum experience with a patient and family involving non-clinical settings is required. (3) Input is provided through lectures and group sessions from various families.

Lister, L. (1982). Role training for interdisciplinary health teams. *Health and Social Work, 7*(1), 19-25.

Key Words: health care team, role clarification, training program

The author discusses how lack of clarity among physicians, nurses and social workers regarding the roles of colleagues causes confusion among members of health care teams. Role confusion and attempts to deny conflicts can contribute to inefficiency, duplication and poor resource utilization in health care. Personal, formal and informal roles as well as professional status are seen as influencing role conflicts, and an understanding of role theory is seen as a means to reduce confusion and conflict. A full description is provided of a health team training program which includes role clarification as one aspect of education for interdisciplinary teamwork for both preservice and in-service professionals. Examples are given of training exercises and participants' responses. An additional discussion is provided of implications of interdisciplinary team participation for social work.

Lynch, E.W., Rotberg, J., Gardner, T.P., Urbano, R., Bender, M. & Forness, S. (1982). Interdisciplinary services provided to handicapped children by university affiliated facilities. *Education and Training of the Mentally Retarded, 17*(1), 61-64.

Key Words: interagency agreement, education, children with disabilities, University-Affiliated Facility (UAF), school-based services, university

This article describes University Affiliated Facilities (UAF's) which were initiated in 1963 to develop interdisciplinary programs to train professionals to work with children with disabilities. Forty UAF's are located in universities throughout the country and in addition to training students, provide services to children with mental disabilities and emotional disorders and their families. In order to effectively serve their students with disabilities, many public schools have developed interagency agreements with UAF's.

The authors discuss a 1980 study of UAF services which supplement public school programs. They found UAFs making major contributions to public schools in interdisciplinary aspects of assessment and programming for students with disabilities and their families. The interagency agreements are a positive step in minimizing duplication of services and utilizing resources of an interdisciplinary staff.

Maxwell, A.D., Ault, V.L., Kohn, N.R. & Armstrong, J. (1973). Interdisciplinary model of graduate education for professionals working with children in 1970s. *American Journal of Orthopsychiatry, 43*(2), 267-268.

Key Words: mental health, interdisciplinary, strengths, prevention, community-based, family-centered, training program, medical school

This digest article describes an interdisciplinary model of graduate education developed in conjunction with an inner-city school by the Division of Child Psychiatry, Institute of Human Behavior at the University of Maryland School of Medicine. The program involves several disciplines training together in a community setting. It is implicit that an interdisciplinary team effort promotes a "whole child," approach which minimizes fragmentation. The author focuses on the "totality of behavioral variables in the development of the child" and emphasizes the intermeshing of emotional, biological, social, cultural, cognitive and communicative systems which influence the child's socialization, individualization, and education. The program is seen as preventive, working with families and communities as well as the child, and includes the element of advocacy.

O'Neil, M.J. & Wilson-Coker, P. (1986). The child welfare specialist: An interdisciplinary graduate curriculum. *Child Welfare, 65*(2), 99-117.

Key Words: child welfare, curriculum, training program, case management, St. Joseph College

The article discusses the need for an interdisciplinary approach to the training of child welfare workers to include perspectives of social work, medicine, law, psychiatry, criminal justice, education and counseling. The authors point out that in the reality of public agency work is often too few resources and insufficient time for the clinically oriented social work practice emphasized in many MSW programs. Curriculum

changes are needed to prepare graduate students for the role of "social broker" which includes frequent collaboration and interdisciplinary understanding and effort. Five basic learning elements are identified: (1) skills in case management, monitoring and evaluation; (2) foundation for human service delivery; (3) specialized child welfare practice content; (4) understanding of agency function; and (5) an interdisciplinary perspective that takes a holistic approach to problem-solving in child and family services.

The article continues with a detailed description of the theoretical foundation, learning aims, curriculum content and course listing, organization, interprofessional faculty needs, and student assessment of an interdisciplinary graduate program at St. Joseph College in Connecticut which leads to a Master of Arts in Child Welfare.

Pinkerton, R.S., Moorman, J.C. & Rockwell, W.J.K. (1987). Multidisciplinary training in the college mental health service. ***Hospital and Community Psychiatry, 38*****(6), 656-661.**

Key Words: training program, mental health, collaboration, university

This article discusses the rationale and structure of a multidisciplinary training program for mental health professionals in a university counseling and mental health service setting, the Counseling and Psychological Services (CAPS) at Duke University. The purpose of the program is two-fold: (1) to offer comprehensive and coordinated psychological, psychiatric and developmental services for students and (2) to provide an advanced training program for psychiatry residents, clinical social work interns and psychology interns. Services are provided by a multidisciplinary team with a strong commitment to multidisciplinary training.

The authors present a useful literature review on the topic of multidisciplinary training. Their definition of the term multidisciplinary training includes promoting collaboration among several disciplines working toward a common objective; supervision; instruction and modeling by different professions; and mutual support among team members. Discussion is provided regarding the operation of the CAPS program, as well as student, faculty and trainee responses. Practical program recommendations are included.

Public Welfare. (1993). Coordinating Services. ***Public Welfare, 51*****(2), 5-23.**

Key Words: family-centered, service delivery, child mental health, program example, family preservation, interagency collaboration

This special section of Public Welfare concerns the movement toward the restructuring of services for children and families from a bureaucratic, program- driven framework to a family-driven approach. It cites the work of the American Public Welfare Association's 1991 "A Commitment to Change," and the Child and Adolescent Service System Program (CASSP), which both emphasize the importance of reaching across agency boundaries and requiring collaboration. The following two articles are featured in this section.

"Hawaii Reaches Out to the Multi-needs Child" by Ed Van Gorder and Brenda Hashimoto, explains the application of client-centered principles in the Hawaii Cluster

system which serves children who require services from two or more state agencies or departments. The resulting approach includes individualized managed care, joint personal service plans by an interdepartmental team, and flexible funding. The authors describe in detail the development of the system including use of community resources, plan management and system coordination based on a cluster model. They illustrate the working of the system through three case examples. Two prototypes for the Hawaii Cluster system are also described, the Ohio Interdepartmental Cluster for Services to Youth and the Alaska Youth Initiative.

"Building Bridges for Families" by Susan Robison and Hilary Binder, describes three approaches to cross-systems Intensive Family Preservation Services (IFPS) featuring crisis intervention that is flexible and comprehensive: parallel programs, partially integrated programs and fully integrated systems. The authors present a rationale for utilizing a cross-systems approach in which agencies develop interagency agreements in funding, jurisdiction and administration to clarify roles and responsibilities. Necessary collaborative components for developing integrated systems for IFPS are discussed, including coordinated planning, central referral, shared training, joint performance tracking and collaborative funding. Two programs are described as examples: Family Ties in New York City, the first IFPS program to work exclusively with adjudicated youth; and Home Ties, a statewide IFPS program in Tennessee.

Quartaro, E.G. & Hutchison, R.R. (1976). Interdisciplinary education for community health. *Social Work in Health Care, 1*(3), 347-356.

Key Words: nursing, public health, social work, interprofessional education, university, community-based

The article describes and provides the rationale for an interdisciplinary course in community health for nursing and social work students. Based on their experience of developing and team teaching the course, the authors offer a discussion of interdisciplinary education and practice as it pertains to student learning, faculty development and university perspectives. The course example is specifically described in terms of both positive and negative outcomes in these areas.

The authors found the major barriers to the development and implementation of their interdisciplinary course to exist in the university and departmental structure and faculty attitudes. However, the collaboration which took place regarding this course became the prototype for additional interdisciplinary efforts and a source of consultation for community-based health programs. The article concludes by stating the author's conviction that little happens in practice that has not been previewed in education, and that it is the proper role of the educator of professionals to provide students with tools for interdisciplinary competence.

Stroul, B.A., Goldman, S.K., Lourie, I.S., Katz-Leavy, J.W. & Zeigler-Dendy, C. (1992). *Profiles of Local Systems of Care*. Washington, DC: CAASP Technical Assistance Center, Georgetown University Child Development Center.

Key Words: interprofessional collaboration, integrated services, family-centered, program example, CASSP, family involvement

This publication is a three-ring binder consisting of four case studies of programs which have made significant progress toward the development of community-based systems of

care for children and adolescents with serious emotional disorders and their families consistent with the philosophy and principles of the Child and Adolescent Service System Program (CASSP). The four sites selected for inclusion in the study are: Northumberland County, Pennsylvania; Richland County, Ohio; Stark County, Ohio; and Ventura County, California. There is also a final section which distils the major issues in developing individualized services in the system of care.

Each case study begins with a summary of the guiding principles for the system of care and the process of selecting sites to be included in the study. Case studies include the following information: a description of the community context and history of the system of care in the area; the philosophy and goals and organization of the system of care; target population; system of care components and coordinating mechanisms; activities; financing; evaluation; major strengths and weaknesses; and technical assistance resources.

Profiles of Local Systems of Care is useful to the reader who is interested in interprofessional collaboration because it contains detailed descriptions of existing exemplary programs and the approaches used to insure collaboration between agencies, professionals and parents. Also, it provides practical information about mechanisms to deal with communication difficulties and manage conflict. For example, in Stark County, Ohio, the researchers note that the cooperative approach among participating agencies is an important strength and that there is "a willingness to confront and resolve problems openly and in good faith" (p. 49). In Ventura County, California, the high level of meaningful collaboration among workers is observed to be related to good lines of communication and numerous mechanisms at multiple levels that provide a forum for discussion and problem solving, which in turn result in a high degree of mutual respect and trust.

The authors note that one of the largest remaining challenges to implementing individualized services is the challenge of re-educating and changing the attitudes of providers, since most currently operating professional training programs are based on traditional approaches to mental health services delivery. They conclude that recruitment, training and monitoring of professional staff as well as aides and support staff to provide individualized services may be time consuming and expensive, but are necessary to insure the delivery of quality care. The successful programs described have taken several years to develop and implement their collaborative systems. The case studies provide evidence of the need for time and careful attention to the involvement of family members and staff at all levels in the development of successful collaboration.

Ulrey, G., Hudler, M., Marshall, R., Wuori, D. & Cranston, C. (1987). A community model for physician, educator, and parent collaboration for management of children with developmental and behavioral disorders. ***Clinical Pediatrics, 26*****(5), 235-239.**

Key Words: interprofessional collaboration, team model, barriers, solutions, training program, role clarification

The authors describe a model for use in school districts and communities to improve collaboration among physicians, educators and parents regarding comprehensive management of children with special needs. The Special Education Resource Network (SERN) model begins with the formation of a core team of a physician, educator and parent who plan, implement, maintain and evaluate the collaboration process in a

community. The team identifies potential group participants (physicians, educators and parents) who attend a training session during which barriers to collaboration and potential solutions are discussed.

Eight barriers to collaboration are listed and discussed by the authors: problems with interdisciplinary process; lack of appropriate education; role confusion of professionals; difficulty in how to involve parents; lack of coordination of community services; logistic barriers to collaboration; difficulties from the use of terminology; and economic limitations. Examples of specific problems are given with proposed solutions. From meetings using the SERN model, practical suggestions have been developed that may be utilized by participants in the effort toward increased collaboration and improved services to children with special needs. One example from the article is a parent who feels that communication between physician and educator is inadequate; a joint meeting is arranged to set up guidelines for collaboration. The authors suggest further study is needed to examine the impact that the model's implementation has upon attitudes and behaviors of participants.

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Collaboration In Interprofessional Practice and Training: An Annotated Bibliography

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